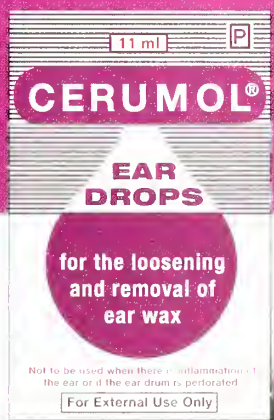


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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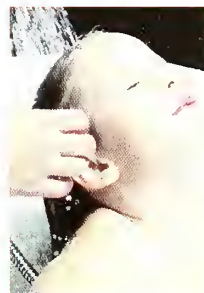
29 August 1998

Oxon HA sets out pharmacy strategy

RPSGB issues CFC-free inhaler usage guidance

Lib-Dems to publish pharmacist survey

Practical ways of dealing with parasites



Guest Editor: nursing a spirit of partnership

Survey shows support for dispenser training

Economic think tank defends existing PPRS

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used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side-effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Pharmaceutical precautions:** Store in a dry place. **Legal category:** P. **Retail selling price including VAT:** Nytol £2.59 for 16 caplets. Nytol One-A-Night £3.99 for 16 caplets. **Product licence number:** Nytol 0036/0050. Nytol One-A-Night: 0036/0069. **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation:** February 1998. Nytol is a registered trademark and Nytol One-A-Night and the Z's logo are trademarks of Stafford-Miller Limited. Further information is available from Professional Relations Division, Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, AL7 3SP.

Most of those working in the pharmacy sector understand that the Pharmaceutical Price Regulation Scheme is the means by which drug companies and the Government reach agreement over the return that manufacturers can make on their branded product portfolios. Provided companies stick to the agreed return, they have the freedom to set the list price for individual products – the one the NHS pays. The Government and the ABPI are at the moment renegotiating the scheme, and ABPI members are expected to abide by the outcome. There is also an expectation that other, non-member firms will 'play the game', but there is no legal obligation for them to do so, as evidenced by the substantial price rises on a small number of products recently. This exposure of government impotence has led to speculation that the 'gentleman's agreement' is about to crack and that entrepreneurial firms with a limited number of brands will be prepared to go for a quick profit, to the long-term detriment of the rest of the industry. The Government will be keeping a close eye on such manoeuvres. Current indications are that the PPRS will be substantially unchanged after October, when the existing agreement expires (see p27). The Institute of Fiscal Studies, in a paper published this week, urges the Government to resist calls for a tougher drug pricing regime, saying it will undermine the UK industry's research base. It suggests its report is in line with government thinking. This will be music to the industry's ears, but there are caveats. There is limited incentive for efficient operation, and a need for greater transparency, says the FSI. However, it cannot be ignored that drug costs have been rising at 10 per cent over the past decade, well ahead of inflation, and the \$5 billion plus drugs bill remains a 'soft target' politically. With this in mind the industry needs to keep its house in order.

CHEMIST & DRUGGIST

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CHEMIST & DRUGGIST

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Oxon HA issues pharmacy strategy

Pharmacists and medics could be working more closely together if Oxfordshire Health Authority's pharmaceutical services strategy is adopted.

The strategy, which has been agreed with the Local Pharmaceutical Committee, aims to ensure community pharmacists become an integral part of primary health care and community support teams in Oxfordshire. In addition, the LPC is drawing up an action plan with the Local Medical Committee.

Using the aims set out in the Royal Pharmaceutical Society's 'Building the Future' document, the strategy proposes that the HA and LPC will work with the LMC to develop common policies and guidelines for the treatment of common ailments.

This could include developing referral forms for transferring patients from medical to pharmaceutical care and vice versa. It

also wants to publicise the role of pharmacists in managing common ailments, more widely.

Depending on the outcome of the Crown Report recommendations, besides developing pharmacist repeat prescribing and dispensing, the strategy proposes that a list of conditions should be drawn up where pharmacists can play a role in promoting health gain, such as coronary heart disease and diabetes.

Regarding advice and support for other health care professionals, the strategy proposes that up to ten pharmacists be appointed to work part-time providing prescribing advice to doctors. This is currently a project.

It also wants to work towards doctors and pharmacists sharing more information, including admission and discharge of patients to hospitals. Pharmacists should also have access to adequate information to advise

about the continuing care of patients in nursing and residential homes, it says.

The strategy document has been drawn up by Oxfordshire HA's pharmaceutical adviser Ian Simpson with help from LPC professional secretary Angela Alexander and the HA's Josie Burch.

"We decided to follow the 'Building the Future' document and build on it from a local perspective," said Dr Alexander. "There is already a project with ten community pharmacists providing prescribing advice to GPs."

Two pharmacists have already been invited to take part in multidisciplinary training and audit meetings and multidisciplinary continuing education meetings are being held with community and practice nurses with a focus on pharmacy health care. "We hope this will increase the num-

ber of referrals from nurses to pharmacies," he said.

Other aims included are:

- to work with the Department of Public Health to promote multidisciplinary training
- encouraging pharmacists to develop consultation areas
- improving disabled access to pharmacies
- ensuring pharmacists are involved in clinical effectiveness studies
- helping pharmacists share information on good practice.

Oxfordshire HA chief executive Michael Taylor says in a covering letter that the document "should be viewed as a basis for closer integration of pharmacists with other professionals in the primary health care team, and will serve as an information source for the planning of primary care groups".

The consultation period on the document runs until October 1.

BMJ shows savings of practice pharmacist

A GP has highlighted the benefits of employing a pharmacist to reduce prescribing costs, in a letter to the *British Medical Journal*.

Walsall practitioner Denys Wells says that since employing practice pharmacist Marian Bradley, his practice has seen prescribing costs fall significantly compared to health authority and national averages.

"Latest PACT data shows that the practice's costs are 29 per cent and 24 per cent below these averages, respectively," writes Dr Wells (*BMJ* 317 August 15,

p473). "This represents a saving of over £200,000 annually when our costs are compared with those of an average practice of the same size (9,500 patients)."

Dr Wells says the reduction is possible as the pharmacist "ensures we pay attention to the factors that lead towards rational prescribing". However, he is concerned that little interest is being shown in the post of practice pharmacist as he has been unable to attract funding to find out why the system is so successful.

There are currently six prac-

tice pharmacists in the Walsall area, but this will increase to ten or 11 in the near future. However, Mrs Bradley is the only one working full time. She believes many GPs do not appreciate that a practice pharmacist could pay for him or herself within a year, by the savings made to the drugs bill.

Mrs Bradley has been working at Dr Wells' surgery for four years. Although seconded from hospital, she says her seven years' experience of community pharmacy is a useful background.

Avon LPC sets up PCG programme

Avon Local Pharmaceutical Committee has set up a series of meetings for pharmacists in each of the area's 12 primary care groups, starting next month.

Avon LPC secretary Alister Rutherford believes that with a dozen PCGs in the area, they have one of the hardest tasks in England. "We aim to create a network of communications between contractors, pharmacy colleagues, PCGs and the component professions," he says.

This network should be sensitive to local needs and reflect the actual capabilities and aspirations of pharmacists practising in the area, he says. He anticipates that eventually PCG mergers or coalitions may form to allow progression to higher levels, "but we need to work hard now to link in

with all 12 PCGs effectively from now onwards".

Other health professionals have shown support for pharmacy involvement and a willingness to accept that pharmacists have new roles to play in delivering medicines-related aspects of NHS care, he adds.

Besides outlining the workings of the PCG at a local and national level, the meetings will discuss the Government's White and Green Papers on the new NHS and public health. Each meeting will also look at how to improve intra- and inter-professional communications.

Pharmacists working in community and hospital are invited to attend. Further details are available from Mr Rutherford on 01275 394543.

Pharmaceutical Press goes live on the web

The Internet site of the Pharmaceutical Press has gone live this week.

The site will provide users with a full listing and ordering service for its publications, as well as other sections such as a features index and 'book of the month' offers.

"A lot of people have problems getting books such as Martindale and the BNF overseas, and this will allow on-line ordering," said the project manager of the Pharmaceutical Press - Simon Boisseau.

The site can be found at <http://www.pharmpress.com>.

Mixed views on need for all dispensary staff to be qualified

Most pharmacists support the Royal Pharmaceutical Society's proposal that all dispensary staff should have a professional qualification by 2005, according to *C&D's* latest business survey.

Sixty one per cent of the panel in the survey would back the proposal and pay for the dispensing training costs. However, more than a third of respondents reject it.

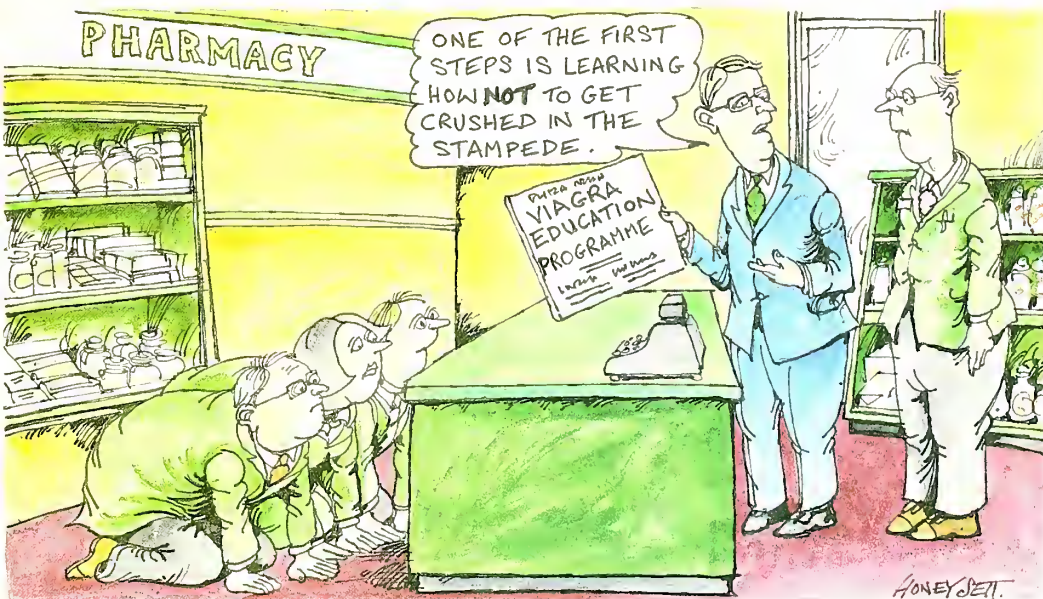
Pharmacists' support for dispensing training is partly related to the size of their outlets and their turnover. Those with the smallest stores, whose annual turnover is less than £350,000, are split 50:50 in whether they back or reject the Society's proposal.

In contrast, 73 per cent of pharmacists in large outlets - turnover exceeding £1 million - back the proposal.

Respondents said the biggest obstacles they would face are lack of the time, high costs, and the lack of suitable staff. For more details, see p24.

C&D's Quarterly Business Trends survey is sponsored by UniChem.





Viagra training will prepare pharmacies

Training for pharmacists on the specialist support available and the prescribing procedure for Viagra will begin within weeks of the drug's UK launch.

Pfizer says Viagra will be legally available in this country from mid-September, and training for pharmacists will start in October. An education programme for GPs on diagnosing

impotence is already in place.

The use of Viagra for erectile dysfunction was approved by the EC's European Medicines Evaluation Agency in London last week, clearing the final obstacle to a marketing licence in the UK.

Viagra's success in the US has led to a black market in the UK with some pharmacies illegally advertising Viagra through the

classified pages of the regional press and men's magazines.

One Leeds pharmacy has been reprimanded by the health authority, while the MCA's Viagra Task Force says most pharmacies it had warned were unaware that they were breaking the law. The MCA has closed down more than 40 Internet Web sites offering Viagra in the UK.

Society issues CFC advice

Advice on the introduction of chlorofluorocarbon-free inhalers has been issued by the Royal Pharmaceutical Society.

The launch of CFC-free inhaler devices is imminent (see **Script Specials** p8). Manufacturers, including Allen & Hanbury, 3M, Baker Norton and Astra, will issue specific advice as reformulated products are launched.

Manufacturers are replacing CFC propellants in metered dose inhalers (MDIs) with hydroalkanes, but these may cause minor alterations to the MDIs' characteristics, particularly the taste or feel in the mouth. However, for beclomethasone inhalers bio-availability may also be altered.

The Department of Health has drawn up a patient leaflet (right) which will be distributed shortly.

Roger Odd of the Society's practice division says: "Many people are worried when they see something new. It's very clear that the pharmacist must work closely with consultants and GPs to reassure people that they are getting the same product."

The advice for pharmacists is as follows.

● It is strongly desirable that once patients have been changed

to a CFC-free form they should stay 'switched'; swapping to CFC-free and back several times is to be avoided if possible.

● Pharmacists should check with local GPs as to how they plan to implement the transition in the light of guidance issued by national health departments.

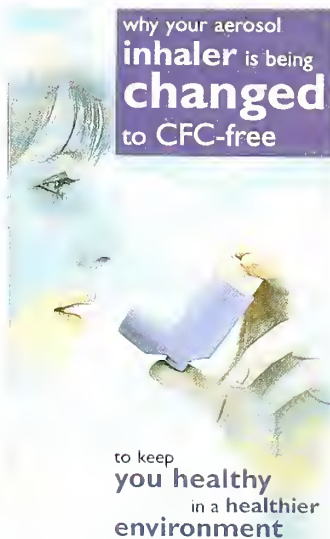
● Care will be needed to ensure continuity of supply when patients transfer between primary and secondary care.

● Pharmacists should be prepared to counsel patients on the reasons for, and implications of the change.

● Qvar should only be dispensed when prescribed by proprietary name, as its use will require a change of dose in comparison to other beclomethasone inhalers.

● Ventolin Evohalers will be released on a regional basis from September, starting in Northern Ireland and Scotland. While stocks will not be made generally available in England and Wales in the first instance, there will be contingency plans to obtain supplies from local wholesalers for special circumstances.

● Provided the pharmacist is satisfied that the switch has been made, Evohaler may be dis-



Patient advice coming from the DoH

pensed against scripts for Ventolin Inhaler.

● Prescriptions for salbutamol inhaler and salbutamol CFC-free inhaler will be reimbursed on the basis of the Drug Tariff price.

● Patients who have not yet switched will still need to be supplied with the 'old' formulation and pharmacies will need to carry stocks of both during the transition phase.

RCN has its say on partnership

Primary care groups are all about partnership. Nurses have arguably done better out of the new arrangements than pharmacists. This week our Guest Editor is Ros Meek, a director at the Royal College of Nursing, and she says health professionals don't have much of a record for joint activity. She has asked three nurses to give their views on current primary care practice and the way ahead as they see it. Turn to p18.

Respond to Dobson urge AAH and NPA

Pharmacists are being urged to respond to health secretary Frank Dobson's invitation for ideas on a strategy for pharmacy's future.

AAH Pharmaceuticals will be encouraging pharmacists to respond by contacting its 6,000 customers via the Vantage News database.

In a separate campaign, National Pharmaceutical Association director John D'Arcy has written to members "strongly" urging them to reply before the September 30 deadline.

AAH will make its own response based on research carried out recently among Vantage members and other customers. It intends seeking views from its own pharmacist employees and will be compiling a response from the AAH board.

"This is the opportunity many pharmacists have been waiting for, and if we miss this we'll have no reason to be annoyed if we don't like the outcome," said marketing director Steve Dunn. "We have to use this plea to get over to the Government the importance each independent pharmacist plays in the community and the national health market, and to ask for the respect and support they deserve."

Mr D'Arcy is hoping Mr Dobson will have a widespread response "highlighting a commitment to existing service provisions and an eagerness for an extended involvement in the provision of patient-focused cost-effective pharmaceutical services".

However, he warns against using this as an opportunity to complain about current levels of remuneration as this could be counterproductive.

He suggests members contact the NPAs information or professional development departments on 01727 858687 if they want any help in compiling a response.

Pharmacist bailed

A Wallasey pharmacist accused of possessing and supplying drugs will appear in court again on October 16 after being remanded on conditional bail by Birkenhead Magistrates.

Stuart Blake, who has been a registered pharmacist since August 1970, is charged with supplying temazepam, diazepam and nitrazepam tablets to the Kirkby House Residential Home in Kirkby on June 4. He is also accused of supplying morphine tablets in May to a residential home in Runcorn.

Blake, 52, also faces charges relating to the possession of heroine and cocaine with intent to supply, and failing to keep a controlled drugs register.

Australia reviews pharmacy ownership

A review of pharmacy ownership in Australia, scheduled for the middle of next year, may be brought forward.

The prime minister, John Howard, has suggested that the review should start late this year or early 1999. According to this month's *Pharmacy Trade* he has written to the president of the Pharmacy Guild of Australia, saying: "Given the strong interest among community pharmacists in the direction of competition reform, I emphasise again that I stand by the view ... that the tradition of pharmacies owned and operated by pharmacists has served Australia well."

He said some state premiers were concerned that the original starting date might not leave enough time to implement reforms by the end of 2000, a deadline imposed by the 1995 Competition Principals Agreement which seeks to increase competition.

The Guild is concerned about Woolworths wanting to introduce pharmacist-owned pharmacies in its supermarkets, which could lead the way to supermarkets owning pharmacies.

Archie on top

Archie Norman, chairman of Asda and scourge of resale price maintenance, has beaten Virgin entrepreneur Richard Branson as the most popular chief executive.

According to the KPMG Management Consulting survey of 200 business executives, Mr Norman won the vote of the directors running the most profitable companies in the UK.

Mr Branson only scored well among the 'low-achieving' executives, said Tuesday's *London Evening Standard*.

Lib Dems look at pharmacy

The Liberal Democratic Party will publish the national results of its survey of English pharmacies in the next few weeks.

Local party activists in 12 regions across England are collating questionnaires sent out to gauge the industry's views on the NHS, changes to prescription charges and pharmacists' general workload.

The research was the idea of Isle of Wight MP Dr Peter Brand and the study has been carried out over the past few months. It follows similar surveys of other professions and is being funded out of the party's general campaign fund. The results will be used to lobby the Government and to shape the Liberal Democrats' own health policy.

A party spokesman told *C&D*: "We want to hear what opinion-formers such as pharmacists

have to say. In the past we have questioned teachers, doctors and opticians and this is another step in our ongoing consultation process with key professionals."

Some regional Liberal Democrat offices have already released details of local findings. In Portsmouth, local MP Mike Hancock said pharmacies cited cut-price supermarket drugs and an effective cut in the dispensing fee caused by being paid in arrears as their main concerns.

The formation of the Welsh Assembly has led to a separate survey of pharmacies in Wales, but it is unclear if the results will be published at the same time.

The Liberal Democrat MP for Brecon and Radnor, Richard Livesey, said the survey revealed pharmacists were concerned about the hours they worked and the increase in paperwork.

Reprimand for dispensing error

A Sheffield pharmacist, whose practice dispensed a drug to an elderly man by mistake, told the Statutory Committee last week that she has been "in total shock" since the incident.

Susan Lomas, owner of the Bradway Pharmacy in Sheffield, faced allegations relating to the dispensing of a drug to an elderly patient when it was intended for another and the sale of Pharmacy medicines in the absence of a pharmacist.

David Bradley, for the Society, said the matters were brought to light by the patient's daughter after she discovered her father had consumed 28 atenolol tablets, despite the fact they had been labelled for another patient.

An investigation by the Society led to three visits to the pharmacy in July and August last year. On all three occasions, Society inspectors bought pharmacy medicines when there was no pharmacist present.

A shop assistant alleged that she was left alone in the pharmacy during Thursday afternoons for a six-month period without a pharmacist.

Mrs Lomas, who registered in 1964, was convicted at Sheffield Magistrates Court on February 17 this year, in relation to the sale of these drugs. She was given a 12 months' conditional discharge and ordered to pay \$800 costs.

The Committee was told that atenolol was usually monitored very carefully and usually under hospital conditions in the dosage that the patient received.

Judging by the other seven medicines that the patient received, he was suffering from asthma and high blood pressure. In such circumstances, the beta-blocker could have caused an asthma attack. Mrs Lomas only became aware of the mistake when the patient for whom the script was written came in asking for his medicine in April last year. After searching without success, Mrs Lomas decided to dispense a second quantity.

She said she was very concerned about what had happened. She assumed that if the tablets had gone to the wrong patient, they would be returned.

The Society alleged that despite knowing the script was missing, she did not make sufficient effort to trace it or contact patients who had collected items.

Chairman of the Committee Gary Flather QC, said although it found Mrs Lomas guilty of misconduct over the mistake in dispensing drugs, the lack of personal control over dispensing drugs and failing to supervise her assistants, it had decided only to reprimand her.

More Statutory Committee cases are reported on p26

University pharmacy courses remain popular

Almost all the remaining places on university pharmacy courses went within hours of institutions beginning their clearing process.

Aston, Bradford, Portsmouth, Robert Gordon and Sunderland universities were listed in Monday's *The Times* as still having spaces available, but only Sunderland was still considering late-comers once the paper was published.

Final national figures are not yet available from the Universities and Colleges Admissions Service (UCAS), but a spokesman for the University of Portsmouth said final spaces on its four-year pharmacy course were filled almost as soon as clearing began on August 20. He said the final intake would be around 120, the same as last year.

A spokesman for the University of Sunderland said it was still taking details from people who had obtained the right number of A levels, but this was only because it had not yet heard from everyone it had offered places to. The university expects 110 students to take its pharmacy course this year.

Scottish scripts stats

There were 4,683,035 prescriptions dispensed in Scotland in April, 4,674,003 by chemist contractors, at a total cost to the exchequer of £46,027,597. For chemist contractors, the ingredient cost per prescription was £8.8681, dispensing fees £0.9288, with a professional allowance of £0.3544 and oncost of £0.0021. The gross total per prescription was £10.2659 or £9.7081 net. The average CD fees cost per prescription was £0.0603.

BPC speaker change

Health secretary Frank Dobson will be unable to give the keynote address at the British Pharmaceutical Conference in Eastbourne on September 8. Instead Baroness Hayman, parliamentary undersecretary of state for health in the Lords will speak.

Palliative care

A compendium of therapeutic information for palliative care specialists, pharmacists and oncologists, 'PCF1: Palliative Care Formulary', has been published by Radcliffe Medical Press, priced £21.50, ISBN 1-85775-264-3. Contact RMP on 01235 528820.

Political landscape looking bumpy

The past few weeks have been important in the medico-political world. At first glance, the Government's recently announced spending plans on the NHS appear promising.

However, all is not rosy. For example, the Department of Health has promised that 7,000 extra doctors will be brought into the NHS fold.

For many practices desperately trying to recruit doctors this influx should help. However, it later transpired that a fair whack of this increase is already on its way, via a greater number of medical students currently studying.

Another announcement with important implications is the subject of pay review. As part of the comprehensive spending review, the pay review body will now have to take into account government targets such as inflation. This could seriously threaten its freedom. More importantly, its credibility among GPs will sink.

This could become one of the future flash points between doctors and their paymasters. Some GPs have already suggested that they want the current pay review system scrapped. The problem is will its replacement be any better?

Pressure is also mounting on GPs from the start up of PCGs

On another front, pressure is also mounting on GPs from the start up of primary care groups. The bottom line seems to be about staying within budget, which could mean difficult decisions about health care rationing.

If that is not bad enough, there has been disquiet expressed about the amount of money set aside for running PCGs. Many GPs feel that they will not be adequately paid for serving on the management committee of PCGs.

However, all is not gloom and doom. Many GPs still enjoy their jobs (believe it or not!) and to be fair are well paid, with secure employment prospects compared to the rest of the population. The changing political landscape is really part and parcel of practising medicine. Anyway, the politicians may not have it all their own way. All it takes is a bad start for PCGs, a bad winter, a bed crisis and the politicians could be under serious fire.

By Dr Harry Brown, a GP practising in Seacroft, Leeds.



Out with the pen and paper

There should be few community pharmacists unable to accept Frank Dobson's invitation to contribute towards the Government's autumn strategy document on a future role for community pharmacy. But before we all rush to put pen to paper, we must read that letter thoroughly because, as with all examinations, you must answer the question!

I will be making my contribution, but not from these pages because anonymous contributions will bear little weight. However, I am happy to add my contribution to the mountains of good advice that will be offered by the PSNC, NPA and RPSGB and the rest of you.

Realistically, the present commercial infrastructure of community pharmacy cannot be changed, but if tomorrow's pharmacist is to be motivated to provide the service hinted at in Frank Dobson's letter, then the contractual relationship between pharmacy, pharmacist and the NHS must be redefined.

It is naive to assume that motivation can forever survive by vocational enthusiasm. A realistic remunerative structure must be introduced which properly rewards professional achievement.

I am now long in the tooth and know that the future of community pharmacy no longer lies in my hands but in

Topical Reflections

the enthusiasm of those recently qualified. It is their expertise in clinical pharmacy that must be harnessed for the future and not the now outdated emphasis on dispensing skills that so dominated my training.

Rab Butler, or was it David Sharpe, said: "Politics is the art of the possible," and that is the whole point of this consultation exercise. I know today's graduates can deliver the pharmaceutical benefit to the NHS that Frank Dobson desires, but it is the more mature who must forget past injustices and realistically suggest the radical changes necessary for those skills to be used beneficially.

A need to 'do it all again'?

The first port of call for health advice should be the local community pharmacy, but in a survey carried out by Chichester Community Health Council, over a third of the respondents indicated that they never consulted a pharmacist for such advice (*C&D* August 22, p5).

For many years, the NPA conducted an advertising campaign based on the simple message of: 'Ask your pharmacist. You will be taking good advice.' This particular campaign was highly successful and did increase massively the numbers of people using their community pharmacy as the natural first port of call, but the campaign foundered when some of the multiple sponsors decided to withdraw and pursue their own promotional agenda.

Now Chichester CHC is hoping to increase awareness of the services available from local pharmacies. While this initiative is to be commended,

I feel that a revitalised, properly funded national campaign would be the preferred option.

It is in the interest of all community pharmacists, including the multiples, the NHS and the OTC medicines industry, for the public to seek first line health advice from their community pharmacy.

Perhaps the NPA should once again take the lead and persuade all these beneficiaries to jointly fund a sustained national campaign.

Back down to earth ...

With all this talk about Utopia and the future, I had almost forgotten the reality of my present piece work contract. However, a recent script for 84 minocycline 50mg tablets quickly brought me back down to earth.

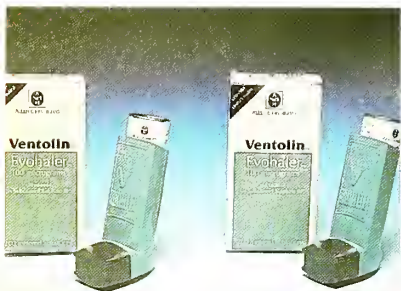
At last, I thought, I can use some of these generic tablets I have had since the minocycline scare decimated demand. Alas, my exaltation was short-lived. All three packs were out of date, so I threw away £45 and had to make the patient wait until I could obtain a new pack.

Once again, and without apology, I return to the subject of little-used generics. Not only did I destroy £45, but I could not dispense Minocin without incurring further loss.

Statistics and my sin bin both confirm that I receive an almost non-existent demand for minocycline tablets, yet I would be penalised if I supplied the branded product I still occasionally use. A simple example for Mr Dobson of how professionally the NHS treats the community pharmacist.

SCRIPTspecials

Ventolin Evohaler goes CFC-free



Ventolin Evohaler, a CFC-free salbutamol inhaler, will be replacing standard Ventolin in Scotland and Ireland from September. Ventolin Evohaler will be phased into the rest of the UK by January 1998.

Ventolin is the first of the Allen & Hanburys portfolio of metered-dose inhalers to switch to CFC-free versions (Evohalers) in compliance with European environmental legislation.

Ventolin Evohaler is the same size, shape, colour and price as old Ventolin and can be used with Allen & Hanburys spacer devices. Patients should be reassured that the slight change in taste, sound or feel of Ventolin Evohaler is due to the new propellant and does not affect the efficacy of the medication.

Ventolin Evohaler can be dispensed against all prescriptions for Ventolin or salbutamol inhaler. Ventolin Inhaler can only be dispensed where 'Ventolin

Provisional launch timetable for selected CFC-free MDI inhalers

Company	Active Ingredient	Est Launch date of CFC-Free MDI
Glaxo (A&H)	Salbutamol (Evohaler)	January 1999 in England and Wales
	Salbutamol (Easi-Breathe)	3rd quarter 1999
	Fluticasone (Evohaler & Easi-Breathe)	2nd or 3rd quarter 1999
	Salmeterol (Evohaler & Easi-Breathe)	Not before 2000
3M	Beclomethasone (Evohaler & Easi-Breathe)	Not before 2000
	Salbutamol Beclomethasone	Launched 3/95 September 1998 (currently delayed)
Baker Norton	Beclomethasone	1st half 1999
	Salbutamol	Mid 1999
Astra	Terbutaline	Not before 2000
	Budesonide	Not before 2000

Source: National Prescribing Centre 19/8/98.

This information was correct as of the middle of August, but is still subject to change

Inhaler' or 'Salbutamol Inhaler' are written (see News p5 for more details).

Support packs have been produced to help pharmacists with the transition. They are available from Allen & Hanburys Medical Information freephone

line (0800 371891).

Allen & Hanburys plans to phase in CFC-free inhalers over a number of years to minimise workload for pharmacists and other health care professionals.

Allen & Hanburys Ltd. Tel: 0181 990 9888.

MEDICAL MATTERS

Flu vaccine for over 75s

Everyone over the age of 75 is entitled to a flu vaccination this year, says the Government. Health minister Alan Milburn has accepted expert opinion that flu is more likely to cause serious illness in the elderly than other groups.

GPs are being urged to contact their older patients before October when vaccinations kick-off. Flu Awareness Week starts on October 12. Extra demand for vaccines is expected and stock may need to be adjusted accordingly. The DoH has also updated its two information leaflets: 'What Should I Do About Flu' and 'Flu Vaccination'.

The over-75s join other patient groups already entitled to routine flu jabs. These include those with chronic respiratory, renal and heart disease; *diabetes mellitus* and immunosuppression.

Cot deaths in decline

The sudden infant death, or cot-death, rate in England and Wales fell last year.

The figure of 0.6 per 1,000 live births was down 0.1 per cent on 1996. This compares with a rate of 1.4 per 1,000 in 1991.

Data from the Office for National Statistics for babies less than one year old reveals that boys are more at risk. Between 1993 and 1997, 63 per cent of all sudden infant deaths occurred among boys who accounted for 51 per cent of all live births.

The Foundation for the Study of Infant Deaths claims 400 babies still die each year.

● A physicist at Dryburn Hospital, Durham, has created an alarm which alerts parents immediately if their baby stops breathing. David Harrison says the alarm could be marketed for about \$100.

Pondocillin discontinued

Leo has discontinued Pondocillin (pivampicillin) Tablets 500mg, putting an end to the Pondocillin range. Stock is expected to run out by the end of September.

Leo Pharmaceuticals Ltd. Tel: 01844 347333.

Cozaar triangle lifted

Cozaar (losartan) has become the first angiotensin-II antagonist to have its 'black triangle' for the reporting of adverse reactions lifted. Cozaar was launched in the UK in February 1995 and has since been taken by over 150,000 patients. Cozaar-Comp (losartan/hydrochlorothiazide), launched in July last year, will retain the black triangle.

Merck Sharp & Dohme Ltd. Tel: 01992 467272.

Qvar availability

The launch of Qvar Aerosol and Qvar Autohaler has been delayed and, at the time of going to press, a new date has not been confirmed. 3M had originally planned to launch the new CFC-free devices containing beclomethasone dipropionate on September 1.

3M Health Care Ltd. Tel: 01509 611611.

Prograf distributor

From September 1, Healthcare Logistics will be taking over the distribution of Prograf (tacrolimus) from Farillon. All orders and enquiries to: **Healthcare Logistics Ltd. Tel: 01753 650099.**

Lamivudine for Hep B

Glaxo Wellcome has received regulatory approval to market Zeffix (lamivudine) in the Philippines for the treatment of chronic hepatitis B. The drug is the world's first oral anti-viral treatment for the condition. Regulatory approval is being sought in the European Union. **Glaxo Wellcome plc. Tel: 0171 493 4060.**

Migraine leaflets

A new booklet has been launched on migraine and complementary therapies to coincide with Migraine Awareness Week (August 31-September 6). Copies from: **The Migraine Trust. Tel: 0171 831 4818.**

Humatrope label change

Humatrope (somatropin) labels will change from September 1 to comply with new regulations on expressing the potency of growth hormones.

Humatrope will be expressed in milligrams (mg) rather than international units (iu), using a single conversion factor where 3iu equates to 1mg of growth hormone (or 1iu equates to 0.33mg growth hormone). Labels will initially carry potencies in both mg and iu, but mg potencies only will be carried from 2000.

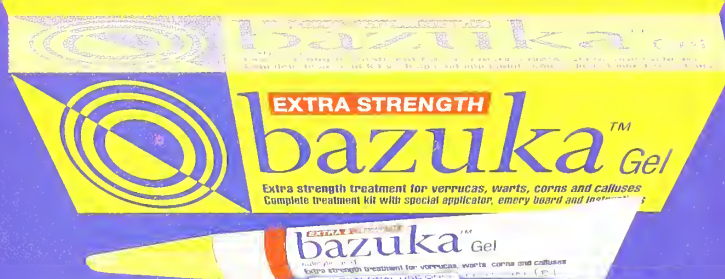
The rethink was initiated by the WHO and the European Pharmacopoeia in a bid to standardise growth hormone products from different manufacturers and to make it easier to compare potencies using a consistent measure. **Eli Lilly & Co Ltd. Tel: 01256 315000.**

The best-selling verruca treatment goes from strength...

Extra strength treatment for verrucas and warts

NEW
PHARMACY ONLY

- Uniquely formulated extra strength treatment
- Dries to form a water-resistant, protective barrier
- Designed to inhibit spread of the verruca/wart infection
- No plasters necessary ■ Simple, once-daily application



Contains salicylic acid

...to EXTRA STRENGTH

Now we've added an extra choice with extra strength to the best selling name in the treatment of verrucas, warts, corns and calluses.

New Bazuka 'Extra Strength' Gel, exclusively from pharmacies and backed by a major national advertising campaign, will add extra strength to your sales too.

NO NEED FOR PLASTERS

Bazuka is a Trademark and Bazuka Extra Strength Gel Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by BDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatment of verrucas, warts, corns and calluses. **Directions for adults, including the elderly, and children:** Apply one or two drops to the lesion and allow to dry to form a small white patch. The following day, carefully peel or pick off the dried patch and apply fresh gel. Once every week, before applying fresh gel, gently rub the treated area with the emery board provided. Continue treatment until the condition has resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor blood circulation. Not to be used on moles, birth marks, hairy warts, or any other skin lesion for which the gel is not indicated. Not to be used in cases of sensitivity to any of the ingredients. **Precautions and Warnings:** Keep away from the eyes, mucous membranes and from cuts and abrasions. Avoid spreading onto surrounding normal skin. Do not use excessively. Avoid inhaling vapour and keep cap firmly closed when not in use. Avoid contact with clothing, fabrics, plastics and other materials as it may cause damage. **Side-effects:** Some mild, transient irritation may be expected, but in cases of more severe irritation, treatment should be discontinued. Keep all medicines out of the reach of children. **HIGHLY FLAMMABLE.** Keep away from flames. Store at room temperature (not exceeding 25°C), with the cap replaced tightly. **FOR EXTERNAL USE ONLY.** **Category:** P (PL0173/0154). **Packs:** 5g RSP £5.45 (£4.64 exc. VAT). 4/98.

A
DIOMED
PRODUCT
DISTRIBUTED BY



COUNTERpoints

Rinstead contacts your ulcers

Schering-Plough has drawn on the latest formulation technology



to bring a new variant to its Rinstead mouth ulcer range.

Rinstead Contact Pastilles come as wafer-thin sugar-free gel discs (resembling soft contact lenses) that are applied directly to the ulcer. Once there, the wafer sticks in place providing a protective barrier and dissolving gradually to release the local anaesthetic lidocaine.

The contact pastilles can be used by adults and children over the age of five, and can be used for denture rubbing and sore gums. One pastille should be applied every two to three hours to a maximum

of eight pastilles in 24 hours.

Rinstead Contact Pastilles carry a Pharmacy licence and come in packs of six, retailing at £2.49.

The launch is being supported by advertising on the radio, London Underground 'tunnel mouths' and bus rears. The Rinstead oral care leaflet has also been updated to include the new variant.

An estimated 58 per cent of sufferers do not treat mouth ulcers. Schering-Plough hopes to increase market penetration with the new launch.

Schering-Plough Ltd. Tel: 01707 363636.



Bazuka doubles in strength

Bazuka Extra Strength Gel is a new treatment for verrucas and warts with more than double the amount of salicylic acid found in original Bazuka.

The new variant contains 26 per cent w/w salicylic acid and no lactic acid compared with normal strength Bazuka which contains 12 per cent w/w salicylic acid and 4 per cent w/w

lactic acid. The gel is applied daily as before.

The launch is being supported by a £2.5 million national press and PR campaign starting in September. PoS and a new consumer leaflet have also been produced.

Bazuka Extra Strength Gel retails at £5.45 for a 5g tube.

Dendron Ltd. Tel: 01923 229251.

Coming to your defence

Crookes has launched Zinc Defence, claiming it is the first zinc lozenge specifically aimed for marketing in the UK cold care sector.

The unlicensed black-currant flavoured lozenges each contain zinc 3mg, vitamin C 100mg and menthol. Five lozenges should provide 100 per cent of the RDA for zinc, says Crookes.

Representatives have started selling Zinc Defence into pharmacies, multiples and the grocery sector to raise awareness of the product and of zinc

generically.

Following success in the US where a similar product has generated its own category

sector, worth \$32 million since 1992, Crookes believes the UK is ready for the zinc and vitamin C lozenge.

As part of the Strepsils brand, Zinc Defence will feature in the \$4.5m Strepsils advertising campaign. A campaign will also run on the London Underground.

Zinc Defence retails at



£2.95 for a packet of 24 lozenges.

● Crookes is supporting the launch with the Zinc Defence telephone information service on 0800 056 3326 for health professionals and consumers.

Crookes Healthcare Ltd. Tel: 0115 9539922.

Fruity hair care from Fructis

Fructis is Laboratoires Garnier's latest hair care range formulated with fruit concentrates for strength and shine. The range will be available from October.

The concentrates contain fructose and glucose, fruit acids and vitamins B6 and B3. Prices range from £2.19 to £3.99. **Laboratoires Garnier. Tel: 0171 937 5454.**

Rationalising head lice range

Seton Healthcare is rationalising its range of carbaryl-based head lice treatments with the relaunch of Carylderm Lotion and Carylderm Liquid.

Carylderm Lotion is alcohol-based and comes in new 50ml and 200ml packs. The smaller pack offers a single treatment, while the larger one can treat a family of four. The

lotion is applied directly to dry hair.

Aqueous-based Carylderm Liquid, which replaces Seton's Derbac-C product, is available in



Weleda reaches Later Life

Weleda has launched a Later Life autumn promotion for older age problems.

The package consists of products from Weleda's existing homeopathic and anthroposophic ranges, selected for the over 50s.

The products include Copper Ointment, Clairo Tea, Medicinal Gargle and Citrus Body Tone Lotion.

The trade price is \$55.02, but it is on offer at \$44.02 this autumn.

Weleda (UK) Ltd. Tel: 0115 9448200.

UniChem gets the vapours this winter

UniChem has added an own brand Vapour Rub to its winter remedies range.

A special deal for pharmacists during September and October offers six units for just \$4.22. This, says UniChem, represents better value for money than the branded equivalent – and a PoR of 54 per cent.

Another winter offer gives pharmacists up to 30 per cent off trade prices of all UniChem cough and cold products when they place an order for ten cases of GSL and 120 cases of P lines.

UniChem has also repackaged its paracetamol and aspirin analgesics in line with the new MCA regulations. To help explain the new guidelines to consumers, pharmacists will receive free full-colour A4 aluminium counter cards with each Winter Warmers order.

UniChem. Tel: 0181 391 2323.



Now you needn't be an alchemist to turn zinc into gold

Having a healthy immune system is essential when it comes to resisting infections such as colds. It is something that your customers may well appreciate, and why we are launching Zinc Defence.

An advanced formulation, each soothing



lozenge contains Zinc and Vitamin C combined to help support the body's natural immune system.

With the opportunity that New Zinc Defence offers, both you and your customers will soon realise the real value of zinc.

Helps support the immune system



**CROOKES
HEALTHCARE**

Wilkinson Sword goes metallic

Wilkinson Sword is launching a metal version of its Protector 3D 'super system' razor, first introduced in April.

The move is designed to drive market growth and encourage wet shavers to trade up

from their existing razor.

The new product features a heavyweight chrome handle which, the company says, some wet shavers prefer.

It incorporates the features of the original Protector 3D – a razor blade that pivots, twin blades which move independently and blades which move from left to right.

Premium priced in comparison to the original Protector 3D, the metal razor will retail at \$4.99. A pack of four refill blades will

retail at \$3.89.

Wilkinson Sword is currently spending \$2m on TV advertising for its Protector 3D razor.

Targeted at 16-24-year-old men, the campaign will run for five weeks from the end of August.

The new commercial is being shown on all ITV regions, Channel 4, Channel 5, MTV and Sky.

Martin Harries, trade marketing manager at Wilkinson Sword, says the super systems sub-category has been a major contributor to the growth of the razor and blade market.

Wilkinson Sword.
Tel: 01670 713421.



St John Ambulance joins Savlon in first aid campaign

St John Ambulance is joining forces with Savlon and The Royal College of Nursing to provide training and support materials for a series of first aid workshops for nurses.

The workshops are part

of the First Aid Initiative between Savlon and the RCN. They are designed to provide nurses with first aid training which they can use in the community by running events for new parents, carers and schools.

Savlon's category brand manager, James Ball, said the workshops aimed to "improve awareness and understanding of first aid in the community".

Novartis Consumer Health. **Tel: 01403 210211.**

Efamol enters skin care market

Efamol has used its expertise in the food supplements market to launch a new skin care range.

Using high concentrations of evening primrose oil, the Efamol Skincare range aims to offer 'high performance' moisturisers for dry skin.

The essential fatty acids in EPO are thought to help restore and revitalise dehydrated skin and maintain natural moisture balance.

The range includes Dermatological Cream for Dry Skin (100ml, \$6.50), which contains 20 per cent EPO and patented galactolipids.

Galactolipids are emulsifiers that allow high amounts of EPO to be concentrated in a very creamy formulation. Applied once daily, the cream can be used on problem dry skin, particularly the type exacerbated by frequent washing.

Other products are Rich Nourishing Hand & Nail Cream (75ml, \$3.50)

with 7 per cent EPO; Intensive Penetrating Face Cream (50ml, \$5.50) with 5 per cent EPO; and Deep Moisturising Body Lotion with 5 per cent EPO. All three products offer four star protection against UVA and UVB rays and contain vitamins A, C and E.

Efamol Skincare is non-greasy and suitable for all skin types, including sensitive skin.

A consumer leaflet has been produced and advertising is planned in September in the women's press.

Simple packaging aims to appeal to the user who wants effective products at an affordable price.

Efamol Ltd.
Tel: 01483 304441.



Analgesic pack size change COUNTDOWN.



Only 2 weeks left.

After September 16th, just two weeks from now, it will be illegal to sell paracetamol and aspirin products in packs greater than 32.

So make sure you display old packs prominently and order up new stocks without delay.

Any problems see the SmithKline Beecham Pharmacy mail-out for full details of changes or phone our Helpline on 0500 888 878.

SB SmithKline Beecham
Consumer Healthcare

ON TV NEXT WEEK

Aquafresh Flex Direct: All areas except U, C4, GMTV

Arrid XX: C, A, HTV, W, M, LWT, CAR, C4, GMTV, C5, Sat

Canesten Combi: All areas

Cover Girl 3-in-1 Nail Sticks: All ITV regions

Hedex: U

Imodium Plus: All areas

Just for Men: All areas

Listerine antiseptic mouthwash: GTV, STV, G, A, M, ITV

Macleans The Toothbrush: All areas except LWT, C4, GMTV

Macleans Whitening: All areas except LWT, C4, GMTV

Max Factor 3-in-1 complete make-up: All areas

Nytol: All areas

Propain: STV, B, G, Y, A, HTV, M, LWT, TT

Sensodyne Toothpaste: C

Sensodyne Gentle Mouthrinse: All areas

Setlers Antacid: All areas

Wella Shock Waves: Sat

Wilkinson Sword Protector 3D: All areas except Y, CTV, CAR, GMTV, TSW

Wind-eze: All areas

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

A move into skin maintenance

Crookes Healthcare has moved into the skin maintenance sector with its new Skin Confidence E45 range.

The range, said to be the first proven 24-hour body moisturiser for dry and sensitive skin, comprises body lotion in two sizes, hand and nail cream and shower cream.

Skin Confidence E45 has a completely different formulation from the existing E45 products, recommended by dermatologists for people with skin conditions such as eczema and psoriasis.

Skin Confidence E45 Body Lotion and Hand & Nail Cream are perfume-free, with their soothing effect provided by



natural moisture enhancers, vitamins and lipids. Both moisturise for 24 hours, though the hand and nail cream should be

reapplied after hands have been in water. The body lotion comes in 200ml (rsp \$3.39) and 500ml (rsp \$6.39) sizes and the hand and nail cream in a 75ml tube (rsp \$2.69).

The shower cream (rsp \$2.69 for 200ml) is a gentle, pH balanced formula containing mild cleansers.

Senior product manager Yvonne King says: "We believe Skin Confidence E45 will deliver a significant profit opportunity to the pharmacy sector." **Crookes Healthcare.** Tel: 0115 953 9922.

Bodyform door drop campaign to hit four million

Bodyform aims to reach 30 per cent of all towel users with its nationwide door drop campaign supporting the improved Invisible Ultra Towel range and Pantyliners.

The campaign, which is part of Bodyform's \$8m marketing support

package, is targeting women aged 16-39 and will hit four million homes. Designed to complement the ongoing TV advertising and encourage trialling, the door drop pack features the tagline "To protect and serve ... all women".

The packs contain Bodyform Invisible Ultra Towels and Pantyliners, money off coupons - \$0.60 off towels and \$0.30 off pantyliners - and a competition to win a trip to New York. **Sancella.** Tel: 01732 747147.

Fenjal relaunches with new roll-on

The Fenjal Classic body care range is being relaunched with new packaging and four new products.

The silver and turquoise livery has been retained, but updated with extra emphasis on silver to reflect the brand's premium position.

The newcomers to the range are Shower Oil, Creme Soap, Gentle Spray Deodorant and an innovative Powder Roll-On Deodorant.

The Powder Roll-On is, says distributor Food Brokers, the first and only dry application roll-on deodorant.

Formulated for sensitive skin, it contains tiny talcum powder particles to give

maximum coverage and long-lasting anti-perspirant protection without obstructing the pores.

Food Brokers marketing manager Cecilia Albert says next month's relaunch is timed to meet rising demand at Christmas.

A \$350,000 support package in 1999 will include advertising, PR and product sampling. **Food Brokers.** Tel: 01705 222500.



Small but perfectly formed

Tuesdays Girl has launched miniature packs of nail polish or perfume.

The lckle nail polish pack contains six nail polishes in vivid colours,

while the lckle perfume pack contains six mini fragrances. Both packs retail at \$3.49.

Tuesdays Girl. Tel: 0161 833 9163.

PERIOD PAIN

PARACETAMOL  DIHYDROCODEINE TABLETS

PARAMOL®

POWERFUL PAIN RELIEF YOU CAN CONFIDENTLY RECOMMEND FOR MIGRAINE, BACK PAIN, PERIOD PAIN, DENTAL PAIN, HEADACHE AND FEVER.

Abbreviated Product Information. Presentation: White tablet engraved PARAMOL containing 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-pyretic. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. **Further information is available on request from the Licence Holder.**

 Seton Healthcare Group plc

What advice should you give to customers who are itching to talk to you? **Sarah Purcell** offers an overview of parasite insecticides and the alternative remedies that are currently available

Practical ways with parasites

When it comes to parasitic infections, the myths and old wives' tales still prevail. Many people still link these unwelcome guests with poor hygiene, when in fact they can, and do, affect anyone.

These strong taboos, as well as embarrassment, make people reluctant to discuss conditions like head lice or threadworms, which can make treating and prevention difficult. If you can put customers at ease, offering practical, matter-of-fact advice, it will be a small step towards winning the battle against parasites.

Head lice

No-one knows how many people are affected by head lice each year, since no reliable statistics have been published since 1989.

What we do know is that the problem is not going away, with thousands of children affected every year and a peak coinciding with the start of the autumn school term.

"We had an all-time low for head lice in 1989-90, and levels of infection are now considerably higher," says Dr Ian Burgess, deputy director of the Medical Entomology Centre, Cambridge.

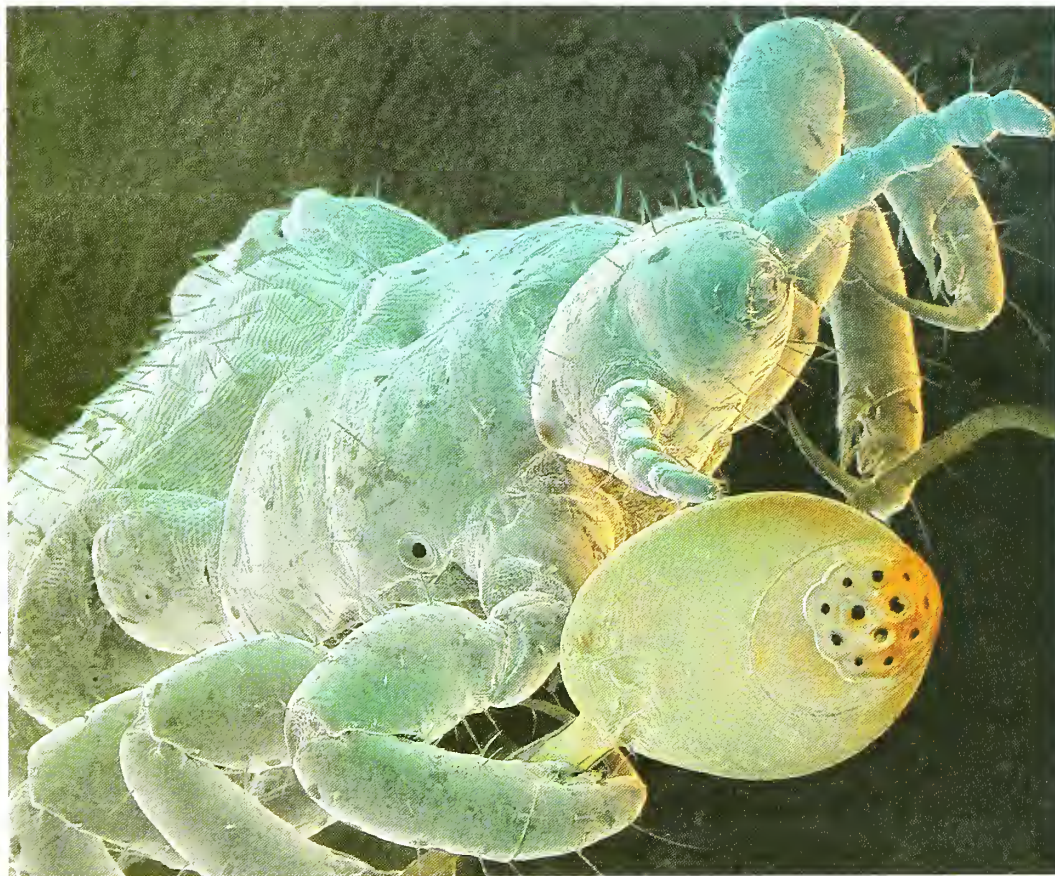
"Our own evidence shows that incidence varies widely across the country – in schools we've examined it can range from 0.6 per cent up to 15 per cent of children affected, and this will depend on location of the school, attitude towards head lice and the prescribing habits of local GPs."

The majority of sufferers tend to be primary school age children, with girls slightly more at risk than boys because they tend to play more in close contact with each other, giving the lice a chance to pass from head to head.

"However, transmission of lice is much more complex than we once thought – we have discovered cases of identical twins where one twin had lice for several weeks and the other didn't catch them," says Dr Burgess.

Insecticide backlash

Publicity surrounding the use of insecticides such as carbaryl and malathion in head lice treatments, and possible links with cancer in animals, has fuelled fears about their safety for repeated use on young children.



A human head louse, *Pediculus humanus*, with an egg, clinging to a human hair



Eggs of the scabies mite, *Sarcoptes scabiei*, in human skin



The Robi-Comb is being promoted to health professionals for the first time this autumn

Whether well-founded or not, public trust of these products has been sorely dented and many are looking to 'alternative' chemical-free ways of treating head lice instead.

"I think what concerns a lot of parents is the idea of the repeated use of insecticides on children, not occasional use," says Jane Silk, marketing manager at GR Lane.

Wet combing is the most popular alternative to chemical treatments and in particular the Bug Busting technique pioneered by the charity Community Hygiene Concern, which has been supported by the Department of Health.

"Bug Busting is now recognised as an effective head lice treatment by most health professionals, but simple wet combing is not," says Janet Jarrett of Community Hygiene Concern.

"It works by combing off the lice once they are wet and needs to be repeated every three to four days for at least two weeks. After that it's a good idea to incorporate the combing into the regular hairwashing routine to prevent reinfestation."

Ms Jarrett says they have seen a surge of interest in Bug Busting in recent months and she advises pharmacists to mention it as an alternative treatment to their customers. (For information fax 0181 292 7208 or tel 0181 341 7167).

Dr Burgess does not believe that wet combing techniques are a feasible alternative to chemical treatments because to do it correctly requires a high degree of skill and motivation.

"It's actually not a cheaper alternative either, since to be effective you need to use at least 30ml of conditioner each time, and to do it properly is very time consuming," says Dr Burgess.

An alternative to wet combing is a mechanical comb called the Robi-Comb, which has enjoyed increasing popularity in recent months.

The battery-operated comb delivers an electric charge which zaps any lice it comes into contact with, though it won't kill eggs. It can be used regularly to deal with any new lice quickly, according to Tony Nestoros of distributors Oris Health & Beauty. Used on dry hair, treatment takes five to ten minutes.

"We don't claim that ours is a better treatment than any other, but it is an alternative," he says. The company is promoting Robi-Comb to health professionals for the first time this summer.

Interest has also increased in using natural substances such as tea tree oil, essential oils and herbal remedies to treat head lice. The oils are thought to work because of the terpenes they contain, which repel head lice.

Research published last year by Weston, Williamson and Burgess established the effectiveness of terpene-containing essential oils against head lice. There is growing acceptance among health professionals of their use, particularly tea tree oil, according to Jane Silk at GR Lane.

"We asked health professionals to fill in a questionnaire about head lice treatment and we found that 35 per cent of them had recommended the use of tea tree oil," she says.

However, the MCA is concerned about the number of unregulated products that are appearing which claim to treat head lice.

"The MCA has determined that head lice infestation is an adverse medical condition. Products which claim to treat, prevent or cure such an infestation are medicinal products and therefore subject to the Medicines for Human Use Regulations," states the MCA.

Dr Burgess is also concerned about some of the new alternative treatments.

"A lot of them blatantly flout regulations. The trouble is, the public has been duped into believing that if something is 'natural' then it has to be safe – in fact, some actually contain potentially dangerous ingredients," he says.

"I think there will be a huge backlash against these products in a few years once people realise they don't work."

Dr Burgess advises pharmacists to avoid stocking any head

lice treatment that is not licensed for the purpose.

New guidelines

The Public Health Medical Environmental Group (PHMEG) working party on head lice management, which looked at ways of reducing unnecessary or excessive use of insecticides, has some new recommendations for treatment use.

These include:

- insecticides should only be used if there is evidence of a live infection – there is no need to treat all the family automatically
 - a second application of the treatment should be repeated after seven days to ensure all eggs are killed
 - insecticides should not be applied more than once a week for three weeks at a time
 - the minimum volume required for a single application is one small bottle, but people with thick hair may need up to three bottles
 - patients should be seen two to three days after the second treatment to ensure the infection has cleared
 - rotation of treatments on a district-wide basis is no longer recommended because of resistance. Instead, a mosaic strategy should be used (see box below).
- "The real problem with insecticides is that people aren't using them correctly," says Dr Burgess.
- "Lots of GPs still don't recommend the repeat treatment, and it certainly isn't showing up as increased pharmacy sales, since

Anti-parasite sales

Worth £29.7 million (MAT June 98), the anti-parasitic market has grown by 40 per cent over the past two years, with sales split 50:50 between prescription and OTC (source: IMS HEALTH Self Medication OTC Report 1998).

instructions for a follow-up treatment are often not made clear on-pack."

And the only way to prevent reinfestation is by routine detection combing, says Dr Burgess. "There is no evidence to suggest that any other method works."

He believes we might see new insecticides converted for human use in the future to deal with the problem of resistance – the last group was developed in the 1970s – although these won't be easy to produce.

He also favours the use of insecticides which contain terpenoids, as no resistance to these has yet been developed. Oral treatments which prevent the growth of head lice are also a possibility, as are prophylactics.

Currently worth \$26m (IMS), the head lice treatment market is split 50/50 between OTC and prescription sales.

Warner-Lambert's senior product manager for Lyclear, Julie Stott, says they haven't been affected by the bad publicity on insecticides and still claim 25 per cent of sales.

Continued on P16



GR Lane's new tea tree shampoo is being promoted for use as a protectant against head lice

Rotation policy

Many HEAs have now given up rotation in favour of a mosaic strategy, says Dr Burgess, where different insecticides in turn are given for each family seen with head lice. This involves giving some initial guidelines for treatment choice, but if the first treatment fails or reinfestation occurs, a different insecticide is then used. "What we now need is a formalisation of the mosaic strategy, which is currently being used rather haphazardly. We also need to make clear the differences between products, as many people aren't aware that ingredients are different"

◀ Continued from P15

"We have seen greater public awareness of alternatives such as wet combing and tea tree oil, although there is no proven scientific evidence for their efficacy."

Although resistance to treatments is a problem, Ms Stott believes treatment failure is more likely to be due to incorrect usage of the product.

"Hair must not be shampooed with a two-in-one before use, as this will stop its effectiveness, and the product must be left on for the recommended time."

Further tips for correct usage include:

- use a mild shampoo first
- shake the bottle well
- apply the whole contents
- rinse hair, but don't use conditioner
- don't expect instant kill – it takes a few days to work
- repeat treatment after seven days. If treatment has failed, see your pharmacist for a different product.

Julie Stott's advice to pharmacists on selling head lice treatments includes: "Ask lots of questions and provide reassurance – lots of parents are still very embarrassed about lice. Tell them it can happen to anyone and there is no link with poor hygiene habits."

Warner-Lambert, maker of Lyclear, is providing a counselling pack for pharmacy staff and a new 'Licelines' newsletter is being mailed out to health professionals.

A resource pack is being sent out to schools, which includes a letter for them to send out to parents, and child-friendly information.

Oris Health & Beauty is promoting the Robi-Comb to health professionals for the first time this autumn. Leaflets are available from the company.

GR Lane has introduced a shampoo and a conditioner containing 2 per cent tea tree oil which it is promoting for use as a protectant against head lice infection. It retails at £3.99 and is suitable for use on children.

"We always recommend our products are used in conjunction with the wet combing method," says Jane Silk. "We do not claim that they will kill head lice when used alone."

Australian Bodycare recommends use of its Daily Treatment Shampoo, containing 2 per cent tea tree oil, to help prevent reinfection.

SetonScholl has rationalised its range of carbaryl-based products (see p10). Now available solely under the brand name Carylderm, there are just two products: Carylderm Lotion (alcohol-based) and Carylderm



SetonScholl offers a comprehensive range of head lice treatments

Liquid (water-based). Both are available in 50ml and 200ml sizes.

McEwans Chemists Sundries has introduced Xterminitt, an anti-head lice wet combing kit comprising a detector comb, head lice remover comb, detangler comb and conditioner.

Weleda is funding a pilot study to establish the efficacy of its herbal hair care products as part of an anti-head lice regime. The study is being co-ordinated by the Communicable Disease Control Department in Nottingham. The trial will first establish the effectiveness of wet combing and second determine the influence of rosemary as an active ingredient.

Yield Asset has produced M&E Lotion which contains a mixture of eucalyptus, geranium, lavender and rosemary oils, and is being marketed for the treatment of head lice infection.

Threadworms

The subject of threadworms is still very much taboo, yet it's thought that 40 per cent of primary school age children suffer from them at any one time and 3 million people are thought to be infected on a regular basis.

In a survey, over 50 per cent of parents claimed their children had experienced them at some time, but only 15 per cent of them would mention it to their child's school and just 5 per cent would talk to friends about it.

At J&J MSD, maker of Ovex, Ghislaine Robson recognises that the subject of threadworms

is still taboo for many.

"However, there is also a lack of awareness of symptoms – most parents are much better informed about head lice than threadworms," she says.

To coincide with the new school year, the company is running a new campaign this autumn, called Clean Crusaders, which is designed to raise awareness.

It will consist of a hygiene video and literature, and is aimed at primary school children, parents, teachers and nurses.

"We're also trying to get pharmacists to display treatments more prominently. After all, these are the sort of things that mums most often go to their pharmacist about."

The infection enters the intestines through the mouth, and after fertilisation adult worms develop in the ileum and colon.

Female worms then move to the peri-anal area where they lay the eggs, which is what causes the itching.

Threadworms are passed from one person to another via hands or mouth. Symptoms include anal itching, especially at night, disturbed sleep and irritability.

The whole family should be treated, whether they show symptoms or not. The most commonly used drug is mebendazole, though this can't be used on children under two.

"There have been cases of resistance to treatment, and

there may be a case for using a repeat dose here, too, as with head lice," says Dr Ian Burgess.

"In some cases there may be factors which reduce the effectiveness of treatment, such as diet or metabolism. And routine hygiene measures are equally important when treating threadworm, which many people don't realise."

J&J MSD is supporting Ovex this autumn with a high profile PR campaign, and advertising in parenting and nursing magazines.

Scabies

This skin infection is caused by the mite *Sarcoptes scabiei*, which burrows into the skin to lay eggs and leaves faeces that produce an allergic reaction in the host.

The infection shows up as tiny grey swellings, usually found between the fingers, on wrists, armpits and genitals. Treatment is with all-over application of insecticides.

According to Dr Burgess, scabies has become more endemic in the past few years, and he has seen an increase in cases in recent months, particularly among elderly people.

"The pattern of transmission has started to change. It used to be mainly passed on through school children and teenagers to the rest of the family, but now we have so many institutionalised elderly people we're seeing many more cases there."

Diagnosis in the elderly is also more difficult, says Dr Burgess, because the skin has started to break down, making signs of infection hard to detect.



Ovex is being supported this autumn with a high profile PR and advertising campaign



As good
as the
original?

Zovirax now has a number of 'lookalikes' - but do they perform as well as the original aciclovir formulation?

Clinical trials have shown that application of the patented Zovirax Absorption Accelerator formula at the tingle stage can prevent the appearance of cold sores.

However, it's not too late if the tingle is missed, as early use of Zovirax is also proven to speed healing by up to 2.6 days¹ and limit lesion size by up to 80%.² No other aciclovir formulation is supported by as many published clinical trials as Zovirax.

So, when you're asked for a cold sore remedy, be sure to recommend the one that is patently different and clinically proven for prevention and treatment.

You can be sure of

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ZOVIRAX
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Patently the
original



Initial Product Information. Presentation: Smooth white cream containing Aciclovir 5% w/w in a water miscible base. **Uses:** Treatment of herpes simplex virus infections of lips and face. **Dosage Administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications:** Hypersensitivity to aciclovir or propylene glycol. **Precautions:** Do not apply to mucous membranes. Do not use for oral or genital herpes infections. Not recommended for use in immunocompromised patients. **Side and adverse effects:** Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. **Price (ex-VAT):** 2g tube £4.67, 2g pump £5.10. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants. SO53 3ZQ. **Product licence number:** 0003/0304. **Date of preparation:** July 1998. **References:** 1. Fidaian AP et al. Br Med J 1982; 1699: 1071. 2. Biagioni PA and Lamey PJ. Acta Derm. Venereol. (Stockh) 1998; 78: 46-47. 3. Van Vloten WA et al. J. Antimicrob. Chemother. 1983; 12, Suppl. B: 90-92.

Partnerships – where to now?

Partnerships are seen as the answer to many of the difficulties that face the health service.

These may be partnerships between health and social services, or between commerce and the health service in health action zones.

That old chestnut 'a team approach' now appears in a fresh guise as 'partnership between health professionals', which means us – nurses, pharmacists and doctors. And we don't have much of a record for joint activity.

Professional boundaries and rivalries may have been a difficulty, but now a political imperative has been added. It is time to take stock and have another try to achieve that elusive seamless approach to care.

The concept of partnership is also being extended to the patient or client. Historically, nurses and pharmacists have worked in this way, perhaps because the public perceive us in a different light to doctors.

Nurses are seen as approachable and as having more time than doctors. Pharmacists are readily accessible – the pharmacy is in the high street where people can visit for information, without losing control of their situation.

In the days of the district nurse calling in for supplies and the health visitor and midwife providing the majority of information and care on maternal and child health in the community, relationships with the pharmacist were a partnership.

Something happened in the 1970s that changed that relationship. We now need to put it back and encourage GPs to feel that they, too, can gain by working in partnership. This will certainly be part of the agenda that the Royal College of Nursing takes to secretary of state Frank Dobson's round table meeting on pharmacy. Medicine management and group protocols will also feature as we await the second part of the Crown report.

One of the reasons that nursing has emerged so strongly in the recent Green and White Papers is the impact of nurse prescribing and the emergence of specialism within nursing. In the following pages Pippa Gough and Mark Jones chart the history of the fight for prescribing by nurses, which is not yet over.

Fiona Winstanley, one of the pilot district nurse prescribers, describes the difference the ability to prescribe has made to her practice. Lynn Young takes us on a whistle-stop tour of the dynamics and potential of the emerging primary care groups.

In all of these areas a spirit of partnership with other health care professionals will benefit the patient, prevent duplication of services and hopefully provide a much-needed boost to morale in the professions.

The pharmaceutical industry also needs to recognise the imperative of partnership if we are to achieve the best outcome for the patient.

This means education funded by the industry needs to be offered on a multi-professional basis, instead of being provided in the segregated manner that it is at the moment.

We need to be able to understand each other's knowledge and skills and to meet to share in a more informal setting. As the industry sets its budgets and business plans for 1999, it needs to recognise that this is a way to join in the partnership, to help us to make the aspirations embodied in Mr Dobson's grand plan happen.

Are we big enough to be able to rise to this challenge, or will professional jealousies get in the way again? I fear that if we don't seize the agenda now, as the health minister Alan Milburn said recently: "It's a case of manage or be managed".

Ros Meek

Sponsorship and promotions director, Royal College of Nursing



Co-operation or power struggle?

Lynn Young, community health adviser at the Royal College of Nursing, argues that both pharmacists and nurses have a vital role to play in primary care groups

The Government White Paper 'The New NHS. Modern, dependable' arrived at the Royal College of Nursing headquarters a few days before Christmas 1997, and since then we have known little else within the workplace besides frenetic thinking, discussion, debate and feverish activity.

The RCN welcomed the four White Papers – 'Modern, dependable' (England); 'Designed to Care' (Scotland); 'Putting Patients First' (Wales); and 'Fit For The Future' (Northern Ireland) – with enormous enthusiasm, but it is the English version which pays the most attention to nurses.

Since the 1990 health reforms and the introduction of that rather peculiar system called 'the internal market', the RCN has argued long and hard for nurses to be engaged in the health commissioning process. The strength of our case is that it is nurses who tend to be closer to people in sickness and in health, and during major traumatic life events, than other professions.

Community nurses work with personnel from a number of different agencies. They often form the link when patients with complex needs seek care. The co-ordination of care services for highly dependent people in the community is the everyday business of community nurses.

Nurses are only too aware that the health and social care services often let the most vulnerable members of our communities down very badly. The result of fragmented, poorly co-ordinated care can be unnecessarily drastic for individuals and their families.

Nurses and the public also know that when services are well managed they can make an overwhelmingly positive difference to peoples' lives.

It is this rich experience which makes community nurses essential members of the new PCGs which are due to begin their formidable task on April 1, 1999. The Government seems determined to improve the standards

of general practice, make primary health care the focus of the NHS and enhancing the standards of care. This means that great efforts will be demanded from a number of stake holders – health authorities and boards, trusts, PCGs (England) and, of course, pharmacists.

The new health agenda is predominantly focused on improved community health rather than acute care for individuals who require treatment. Having said that, it is interesting to note how much attention is being paid to the reduction of hospital waiting lists. Waiting lists, like the poor, are always with us. What's more, they never fail to be used as a yardstick of success by politicians (of whatever creed).

Losing the plot?

But what of pharmacy in the new NHS? Is the profession unhappy about pharmacists not, at this stage, automatically being PCG members? The Professions Allied to Medicine have certainly made their feelings about exclusion known to health ministers, but they have missed the point.

We are also in danger of losing the plot as energy is increasingly focused on an unattractive power struggle, rather than concentrating on the task at hand – making PCGs effective in improving community health.

The nature of community nursing makes these nurses natural PCG members, especially district nurses, health visitors and practice nurses, as their work closely involves them with families and communities.

For PCGs to work efficiently they must be of a manageable size. They cannot include every health discipline, but this does not mean that others apart from GPs and nurses cannot be closely involved in planning local service developments.

Furthermore, people are still confused about the 'New NHS'. PCGs are not another form of staffside committee. PCG members are there to represent the interests of the local community

Prescribing powers for nurses: making it go further

Pippa Gough, assistant director, nursing policy, and **Mark Jones**, community health adviser, at the Royal College of Nursing, on the fight for nurse prescribing

To assert that nurses should be able to write prescriptions for medicines as part and parcel of their nursing practice would seem to be a statement of the blindingly obvious. From any perspective, not least that of wanting to provide flexible and responsive patient care, nurse prescribing seems like a good idea.

Yet 12 years since it was first explicitly set out as a desirable policy goal, in the Cumberlege Report (1986) – a review of community nursing – we have seen only limited implementation and a dragging of government feet on the issue. It would try the patience of a saint!

Over the past 20 years there have been significant developments in nursing. Not only has the work we do become more technical in many respects, but the application of a wider and more in-depth knowledge base has enabled nurses to use more complex social, psychological and political theories – in addition to detailed physiological understanding – to identify and meet the health care needs of patients.

It is not surprising that in this climate of rapid development, some nurses began to question what they saw as unhelpful restrictions on their practice, preventing them not only from using their skills to the full, but also denying patients access to responsive, quality care.

A key example of this was the inability of community nurses to supply and administer Prescription Only Medicines, dressings and prescribable aids and appliances to patients at their discretion.

In its evidence for the Cumberlege Report in 1986, the Royal College of Nursing pressed for prescribing rights for nurses. Based on this evidence, the review team gave the first governmental acknowledgement that nurses should be able to prescribe, albeit in a limited sense from a 'nursing formulary'.



Pippa Gough

Having obtained support from the British Medical Association, Royal Pharmaceutical Society, and the Royal College of General Practitioners, late 1988 saw a concerted RCN push for the implementation of the Cumberlege recommendations.

At the end of that year an advisory group was established by the Department of Health in England under the chairmanship of Dr June Crown. In December 1989 the Report of the Advisory Group on Nurse Prescribing (the Crown Report) was published.

The report recommended that suitably qualified nurses working in the community (defined as those nurses with a district nurse or health visitor qualification) be authorised to prescribe from a limited list of items (the Nurses' Formulary).

The report also recommended that these nurses be able to supply and administer medicines within group protocols (as proxy for the direction of a doctor) or adjust the timing and dosage of medicines within patient specific protocols.

This latter recommendation on protocol use was not addressed further in the subsequent nurse prescribing legislation which, in the light of the later widespread,

Continued on P20 ►



and should either be elected or selected with the public health in mind, not staff interests.

Setting up PCGs is absorbing the energy of far too many people at present, but hopefully the real business of improving health will soon see benefits. Most of the essential work will not be done by PCG members, but others, such as pharmacists, nurse specialists and midwives.

If the nation is to benefit from improved patient care, strong, cohesive, multidisciplinary partnerships must develop at both national and local level.

Integrated teams and focus groups will have to be set up, each with a specific task to do. For PCGs to be successful, they will need the expertise and experience of other people, including pharmacists.

Focus groups will concentrate on different aspects of care and conditions, such as diabetes, hypertension, asthma and coronary heart disease.

PCGs will need a specific focus group for prescribing, which will have the task of feeding pharmaceutical 'intelligence' to the PCG board. This is a way pharmacists will influence decisions made by PCGs and health authorities and, hopefully, improve care.

As the millennium approaches the UK is facing the prospect of an older population (over 1 million people over the age of 85 by

the year 2001), which inevitably brings with it an increasing level of chronic and multiple pathology. Care, management and therapy will increasingly be the challenge for health professionals, rather than quick fix cures!

Individuals with complex conditions need a whole range of therapies which, if well co-ordinated, enable them to enjoy an improved quality of life and live in their own homes.

This demands the greatest of teamwork, and pharmacists need to be at the heart of teams working on group protocols and individual care plans.

GPs, nurses and pharmacists face a challenging time. The Government has given health professionals the opportunity to improve the NHS – one of the vehicles for achieving this will be through strong partnerships. The New NHS means a fresh and radical look at community health is urgently needed and with it new multidisciplinary relationships and different ways of working.

The huge potential of the radical health agenda will not be realised unless the pharmaceutical industry plays its full, knowledgeable and expert part. If health professionals 'blow it' by focusing solely on their own self-interests, rather than concentrating on the greater good, future governments may not offer similar opportunities again.

◀ Continued from P18

possibly unlawful, use of protocols can be viewed only as an opportunity lost.

Despite the obvious benefits of giving nurses prescribing rights – albeit in a limited form – the Government was in no rush to deliver. It was a full two years after publication of the Crown Report that the primary legislation permitting nurse prescribing, the Medicinal Products: Prescription by Nurses etc. Act, 1992, was given Royal Assent.

Despite Department of Health reticence to act, the Bill received widespread support in its passage through both the lower and upper Houses of Parliament.

Treasury scepticism around the cost of introducing nurse prescribing brought about an extensive cost-benefit analysis, and it was not until October 1994 that implementation, in the form of eight demonstration sites in England, was achieved.

In 1996 the Bolton site was expanded to include 60 more practices and a further 150 nurses. Scotland also gained its first two pilot sites at this time. It was not until May 1998, at the RCN annual congress, that Frank Dobson promised to honour the previous Government's commitment to a full roll-out of nurse prescribing (albeit within the existing legislation only) and earmarked £15 million to enable this to happen.

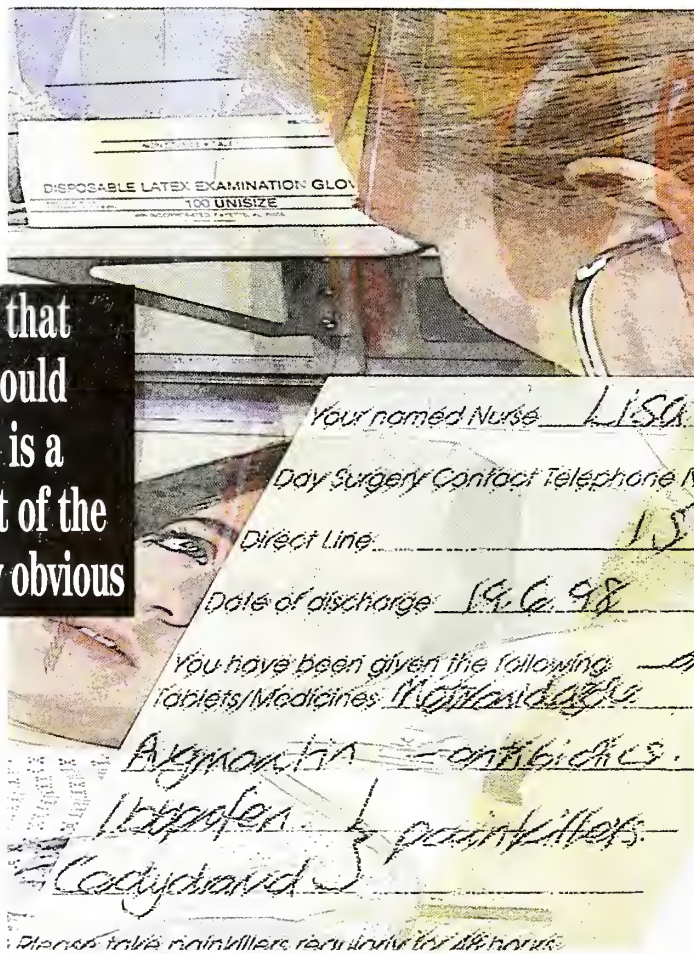
Why the delay?

The lengthy and hesitant implementation of nurse prescribing is a response to a number of different concerns. Some are overt, as evidenced in the oft repeated litany of the need to ensure cost containment; others are more covert and less easy to identify but which undoubtedly involve unease in relation to a shift in traditional divisions of labour between doctors and nurses (Shepherd *et al*, 1996).

For nursing organisations and individual nurses who are keen to see the development of nurse prescribing based on the principles of patient safety and patient need, competence and capability and a sound education, many of the spurious delays have been frustrating and humiliating.

Group protocols

Parallel with the development of nurse prescribing, the use of group protocols by nurses, based



To assert that nurses should prescribe is a statement of the blindingly obvious

upon section 58 (2) (a) and (b) of the Medicines Act 1968, to facilitate the supply and administration of Prescription Only Medicines, has grown rapidly.

A group protocol can take a number of different forms. It basically consists of a simple *pro forma* outlining those criteria against which certain medicines can be supplied or administered to individuals in specified situations.

Ideally, the protocol names those nurses to which it applies, indicating their competence to undertake this activity. This protocol is usually signed by the doctor and is used in lieu of an individual prescription.

Over the past ten years the use of these group protocols, as set out in the Crown Report, has become widespread. This is particularly so where the use of individual prescriptions is not feasible and unwieldy, for example in travel vaccination clinics, nurse-led family planning clinics and within childhood mass immunisation programmes.

Protocol problems

Although much of the activity around the use of group protocols represents nursing at its most responsive and creative in the pursuit of better patient care, there are problems.

Apart from the questionable legality of much of this activity, the most pressing concern is the issue of patient safety and nursing competence. This competence

has not been assessed or monitored as it might be for those nurses who are involved in prescribing. In other words, much protocol activity has gone on without proper guidance or a guaranteed educational base. This may mean variability of standards of competence and ultimately may jeopardise patient safety.

In March 1997 the Review of Prescribing, Supply and Administration of Medicines was set up under the chairmanship of Dr June Crown. The first report from this review, concerning the use of protocols, was published in April 1998.

This sets out a description of what a group protocol should contain, describes the inconsistencies in current practice in group protocols, and explains the legal uncertainty concerning group protocols.

The report recommends that safe and effective practice should continue, the legal position should be clarified, and all group protocols should comply with specific criteria for good practice as set out in the report.

The report has been accompanied by a Health Service Circular requiring that all these recommendations are acted upon immediately.

A second report from the review team concerning current arrangements under which medicines are prescribed, supplied and administered (not under group protocols), and whether

health professionals other than existing prescribers (for example, nurses and pharmacists) might take on new roles in respect of those activities, is expected imminently.

The way forward

For nurse prescribing to find full expression, existing legislation needs to be amended in two ways.

First, restrictions on the type of nurse able to prescribe need to be lifted. It is no longer feasible to restrict this activity to district nurses and health visitors. If the main concern is that of patient safety and public protection, then prescribing powers could be tied into the UKCC's specialist practice qualification. This continues to maintain the link between prescribing and the professional register.

Second, the restrictive nature of the nursing formulary needs to be addressed. The fundamental question is whether nursing needs a separate formulary.

If nurses are accountable for their own practice and professional judgements and this is based on a coherent preparation for the role, then prescribing nurses should be able to access the full 'British National Formulary' in the same way that it is available to medical practitioners.

The fact that nurses' continued registration is dependent upon updating of competence and skill is a further safeguard.

Total dismantling of the formulary is, however, a distant policy goal and it may be that, in the interim, nurses should settle for an expanded formulary that matches the current demands and expertise of their role. There is still much to fight for.

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Everyone feels the benefits

Fiona Winstanley BSc(Hons) DN RN, a prescribing district nurse, explains the benefits of nurse prescribing for both patients and GPs

Nurse prescribing has recently been given government approval and funding for national implementation among, initially, specialist community nurses with a district nursing or health visiting post-registration qualification.

It has been a long and protracted process over more than a decade to prove the value of nurse prescribing conclusively to the many sceptics who originally opposed it.

The initial pilot prescribing sites in 1994 were thoroughly evaluated in their first year. Subsequent pilot sites have enabled further assessment of the benefits and drawbacks.

As a prescribing district nurse

involved in one of the first demonstration sites in Ipswich, I became aware of the benefits to patients, carers and the primary health care team within the first few weeks. It rapidly became an integral part of practice.

The Report of the Advisory Group on Nurse Prescribing in 1989 (the Crown Report) had envisaged the potential benefits that such prescribing could bring. These were all realised by the pilot sites, together with several others (see box below left).

Nurse prescribing has also been shown to be substitute rather than additional prescribing, which has helped allay fears of escalating drug budgets.

An example of how nurse prescribing works in practice can be illustrated effectively by using a case study approach.

Mrs Smith is a 74-year-old lady with severe osteoarthritis. She rarely leaves her bungalow and has a daughter who looks after her, but who works and has small children. When her surgery moved to new premises across town, Mrs Smith was reluctant to change so she stayed with the practice.

The district nurse was asked to call late on a Friday afternoon after Mrs Smith had fallen and gashed her leg. She assessed the wound and decided on which dressings would be needed. She carried some wound care items but nothing she felt appropriate.

In a non-prescribing situation the DN would have had to return to the surgery across town and through Friday afternoon traffic to see a GP and wait for a gap between patients to request a prescription. She would then have had to drive back across town, via a pharmacy.

There is also an anomaly in that the GP would not have seen the wound, and would have had to take the advice of the DN about what to prescribe for the patient. This is a good illustration of the 'rubber-stamping' by GPs of nursing decisions which raises issues of accountability for both nurses and doctors.

As a prescribing nurse, the DN

can decide on a treatment regime based on their own assessment of a patient's needs. The DN can then write a prescription, which can be taken to a pharmacy and the items obtained immediately.

The patient receives treatment that is appropriate and prompt, and time and resources are used effectively. If the pharmacy does not have all the items in stock, alternatives can be negotiated, and collection or delivery arrangements made for any outstanding items.

The whole process is speeded up, and patients receive the treatment they need when they need it. Evaluations have also found that relationships between prescribing nurses and pharmacists have been enhanced due to a closer working relationship.

The Nurse Prescriber's Formulary in its current form is more reflective of district nursing practice than either health visiting or practice nursing. (The first pilot included practice nurses who were eligible to prescribe by virtue of their previously obtained DN or HIV post-registration qualification).

Health visitors, however, have found prescribing useful in clinic or domiciliary settings when the ability to give a prescription for thrush or threadworms, for example, has saved a surgery visit and has given prompt and appropriate treatment to a child. GP appointment time has also been eased by these interventions.

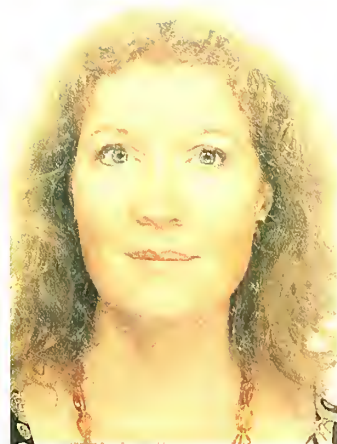
The eight Prescription Only Medicines that were added in January 1995 were wound care products, laxatives, anthelmintics and anti-fungal treatments.

The second part of the current Crown review, commonly known as 'Crown 2', should be published by the end of the summer and there is widespread hope that the formulary could be extended to more accurately reflect the levels of care that is given by nurses to patients in an increasingly primary care led health environment.

The highly skilled and autonomous nature of community nursing at specialist practitioner level (ie post-registration specialist degree level), means that patients are increasingly able to be seen and treated by nurses for a wide variety of conditions that used to necessitate a GP intervention.

Asthma, diabetes and wound management are just three examples of areas where nurses are developing recognised expertise. Patients can often choose to see a nurse, if they feel that a nurse may be more appropriate, and patient satisfaction has been found to be high in these interventions.

Nurses in other community settings are involved in ground-



Fiona Winstanley

Items currently in the Nurse Prescriber's Formulary include:

- urinary catheters and appliances
- laxatives
- local anaesthetics
- wound management products
- disinfection and cleansing preparations
- skin preparations
- mild analgesics
- treatments for threadworms
- diabetic reagents and appliances
- treatments for scabies and head lice
- drugs for the mouth
- elastic hosiery
- fertility and gynaecological equipment
- stoma care products

breaking work, such as meeting the needs of the homeless who don't have access to GPs, providing services that are more acceptable to women from ethnic communities and running nurse-led community hospitals.

Primary Care Act pilot sites are currently involved in testing new alternatives to the traditional approaches of primary care delivery. All these initiatives are attempts to respond to the escalating demands of an increasingly primary care focused NHS.

With demographic trends predicting a burgeoning ageing population with commensurate levels of chronic disease, a GP recruitment and retention problem and advances in medical technology that enable more and more very sick patients to be cared for at home rather than in hospital, there are great challenges ahead for all those involved in primary care.

Nurse prescribing is just one way of responding to these challenges by giving community nurses the right tools to do an increasingly complex job. Hopefully it will be expanded sufficiently to be truly responsive to the care needs of patients and their families.

The benefits of nurse prescribing:

- enables patients to be treated speedily and effectively by nurses at home and in clinics/health centres
- reduces patients' and carers' anxieties, and gives greater patient satisfaction
- gives nurses greater autonomy and increases job satisfaction
- helps to improve the planning and evaluation of care
- enables GPs to concentrate on seeing patients in need of medical intervention rather than validating a nursing decision
- gives a more cost-effective use of nurses' skills (less travelling – saves time and money)
- increases awareness of prescribing costs and responsibilities
- provides a service that is immediately responsive to patients' needs
- results in less wastage and more appropriate treatment
- enables the nurse to combine prescribing with health education and health promotion
- results in better team working through clarification of professional responsibilities through the use of protocols

Taking the pain out of

C&D finds out what manufacturers are doing to help pharmacies when the new restrictions on aspirin and paracetamol come into effect on September 16

In summary, the new regulations which follow the MCA consultation letter MLX 231 are listed below.

- The new GSL pack size limit for aspirin and paracetamol tablets or capsules will be 16.

- The P pack size will be 17-32 tablets or capsules.

- Any pack containing more than 100 will become Prescription Only. Quantities of more than 100 supplied at any one time, regardless of pack size, should be on prescription.

- Pharmacists will be able to sell up to 100 tablets or capsules at their discretion.

- Soluble preparations containing combinations of paracetamol and aspirin are also affected.

- The restrictions do not apply to effervescent preparations, liquids, granules, powders or suppositories. Analgesics containing ibuprofen are not affected.

- Paracetamol packs must carry warnings about the dangers of overdose, these are: 'Immediate medical advice should be sought in the event of an overdose, even if you feel well' and 'Do not take with any other paracetamol-containing products'.

- Leaflets inside paracetamol packs must carry the statement: 'Immediate medical advice should be sought in the event of an overdose, even if you feel well, because of the risk of delayed, serious liver damage', as well as the above warning about avoiding other products containing paracetamol. This wording must appear on packs without leaflets.

- There are no changes to labelling requirements for aspirin.

- The restrictions apply to paracetamol and paracetamol combinations up to a maximum of 500mg per tablet or capsule, and aspirin or its combinations up to a maximum of 325mg, but the limit for aspirin may be increased to 500mg by or on September 16. C&D will publish this information as soon as it is available.

Pharmacies have until September 15 to sell all their stock of larger pack sizes.

C&D, in conjunction with Whitehall Laboratories, has been running a series of Cambridge Counterpain Anadin Education Modules to help with the changeover. These recommend that pharmacists take the following actions to cope efficiently:

- identify the lines you stock that will be affected

- check the current levels of stock and monitor the rate of sales

- do not over-order.

Leeway

While the new pack size restrictions will be enforced from September 16, the new safety labelling regulations for paracetamol do not come into effect until January 1, 1999.

Pharmacists will be able to sell old stocks of paracetamol until December 31, provided the packs are the correct size and are accompanied by leaflets carrying the new warnings.

The Department of Health granted this extension after acknowledging that the trade might not be able to clear old stocks in time, particularly after last winter's quiet cold and flu season.

The leaflets have been produced by the Paracetamol Information Centre in consultation with the Proprietary Association of Great Britain and the Royal Pharmaceutical Society. They have been approved by the Medicines Control Agency which wanted to ensure standard wording so that all paracetamol users received the same information.

Three million copies are being sent out to wholesalers for deliv-

ery to retailers the week beginning September 1.

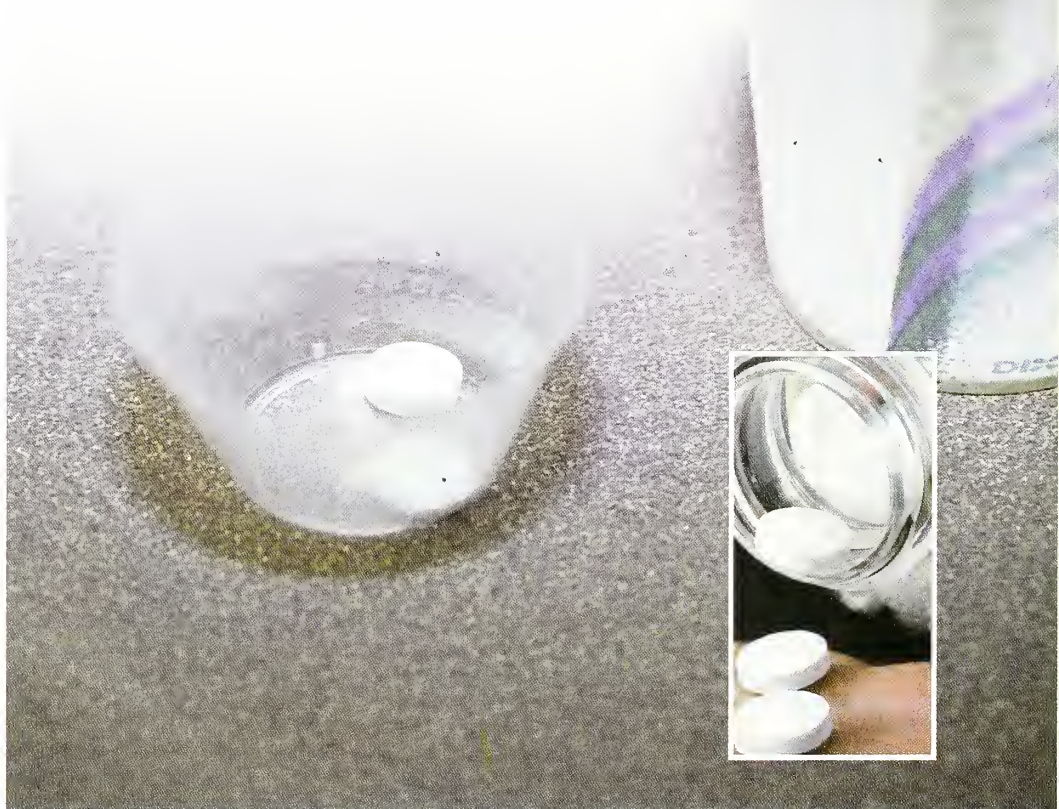
What is 'justifiable'?

Pharmacists can sell up to 100 tablets in 'justifiable' circumstances, but what does that mean in practice? At the time of going to press the Royal Pharmaceutical Society had not issued any official guidelines, although these were expected soon.

The National Pharmaceutical Association was intending to let members make their own professional judgment in each individual case, but was prepared to step in and offer advice if problems came to light at a later date.

Some companies are taking the opportunity to relaunch their brands at the same time as introducing new packaging.

Because the changes were announced a year ago, and many



MLX 231

manufacturers have been selling in new packs for a couple of months already, companies are not generally planning to take back unsaleable packs.

Cox Pharmaceuticals is recommending that old stocks of its products are used to fill prescriptions. Smithkline Beecham says territory managers will deal with each account on an individual basis, but does not foresee any problems as pharmacists have had early warning of the impending changes.

● Cox Pharmaceuticals has issued a list of when its new packs are being introduced and suggests that pharmacists compare their order sizes and stock turnover with this schedule to ensure that old stock is exhausted as far as possible by September 15.

Customer services (0800 373573) can supply the required number of paracetamol leaflets for using up old OTC stock. For three months from the launch of each line, warning labels will be applied to outers and singles, drawing attention to label changes that might not otherwise be obvious. P to POM changes will also be flagged against items on the invoices.

● Pfizer Consumer Healthcare is introducing new packaging for Migraleve. Migraleve 1 is being replaced by Migraleve Pink in a pink colour coded pack, while Migraleve 2 is being replaced by Migraleve Yellow in a yellow colour coded pack.

The combination of both tablets, previously known as Migraleve Duo, will be known simply as Migraleve. Revised labelling and in-pack leaflets help improve understanding of the dosage regimen as well as complying with the new legal requirements. The packs of 48 tablets become Prescription Only from September 16.

The sales force will distribute information, including an assistant protocol, to pharmacy staff together with PoS material and new consumer leaflets. Migraleve has a continuous presence in the consumer press, and the change in legislation is being communicated by public relations. GPs will be informed through advertisements in the medical press.

● Reckitt & Colman has launched a computer-aided learning package to support the

relaunch of the Disprin range. The interactive package aims to educate pharmacy assistants on the common causes and treatment of mild to moderate pain and feverishness. Compatible with Windows 3.1 and Windows 95 software, it can be obtained from the company's medical information unit or by calling 0500 455456. New PoS material is available.

● Roche Consumer Health does not have to make any pack changes; its Aspro Clear and Paracodol products are either already in the correct sizes to comply with the legislation or are exempt because they are effervescent.

● Smithkline Beecham has mailed pharmacists with an information pack containing details of new pack sizes, facts on the safety of paracetamol and a question and answer guide to help with customer queries and staff training. A free pharmacy helpline is available on 0500 888878.

● Sterwin Pharmaceuticals has sponsored a resource pack being sent out with the NPA's Pink Supplement (C&D August 8, p5).

● Whitehall Laboratories has been supplying new packs of Anadin since June. The packs have been redesigned for maximum impact when merchandised together as a range, using the traditional yellow, green, white and red colours in a more harmonised and contemporary way.

New shelf-edgers are available for both self-selection and P sections, advising customers to consult the pharmacist if a larger pack is required. Representatives are making personal visits or telephone calls to pharmacies and can supply tailored planograms, suggesting products to feature on analgesic self-selection fixtures, and a list of products affected by the changes.

These are also available on the Anadin helpline (0800 269034). The helpline will be open to the general public when the legal changes are enforced in September.

Merchandising

Whitehall Laboratories offers the following advice on merchandising the self-selection fixture, to maximise profitability:

● maintain or increase the

space allocated to analgesics, particularly leading brands

● stock only the best-selling and heavily advertised brands

● merchandise medicines by product category (all analgesics together) and by brand rather than ingredient

● site the best-sellers in the best position.

Reassuring customers

Pharmacists will become much more involved in advising customers about analgesics when the new regulations come into effect, says Victoria Buckingham, senior product manager for Nurofen.

She does not think the changes will result in a switching to ibuprofen just because larger packs are available.

"The regulations are designed to reduce residual stocks of aspirin and paracetamol in the home and prevent impulse overdoses, so the vast majority of people – who use these medicines in the correct doses – will probably continue to do so," she says.

But media and other publicity may prompt anxious customers to question analgesic safety as a whole, so Crookes Healthcare has mailed an information pack to pharmacists, putting the safety profiles into context.

The pack includes a review of adverse reactions to ibuprofen and paracetamol when used in non-prescription medicines.

Professor K D Rainsford and his colleagues at Sheffield Hallam University examined data from 96 published clinical trials and found no differences in the numbers of adverse events between the two medicines when taken at the correct doses.

In particular there were no serious gastro-intestinal disturbances with ibuprofen or serious liver reactions with paracetamol. The researchers concluded that both drugs had a high safety profile (*J Pharm Pharmacol* 1997; 49:pp345-76).

Crookes Healthcare representatives are helping pharmacists re-merchandise their shelves to take account of new pack sizes and the fact that Nurofen became the brand-leading OTC analgesic in June, with 17 per cent of the market (IRI Infoscant).

Merchandising hints are also included in the information pack.

Advertising of Nurofen makes no reference to the legal changes affecting other analgesics, but concentrates on product benefits.

The brand has £10 million of support for 1998-99. Trial packs of Nurofen tablets and Caplets are being sold in grocery outlets from mid-August until the end of September.



SEE COUNTERPAIN

EDUCATION MODULES

WHITEHALL SOLUTIONS FOR THE NEW ANALGESIC REGULATIONS

Whitehall is investing considerable sums behind a communication campaign to provide you with objective support and advice to help ensure that the new Government regulations on analgesics are made pain-free. These include:

● A personal visit or telephone call from your Whitehall representative.

Sponsorship of Chemist and Druggist Cambridge CounterPain Education Modules devoted entirely to the new analgesic regulations and how they will affect you.

Provision of tailored planograms (available July 1998) in a second Cambridge CounterPain module. (Tailored planograms are also available from Whitehall Laboratories representatives or by calling the Anadin helpline number 0800 269 034).

WHAT TO DO NOW!

Identify the affected lines. Check the levels and rate of sale of stocks. **Don't over-order.**

From June 15th, Whitehall will be supplying you with new legal pack sizes so that sales can be maintained.



From



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Most back dispensary training

Many pharmacists know that their dispensary staff need proper training, but those with relatively small businesses are clearly torn between the time and costs such a commitment involves. **Guy L'Aimable** reports

Most pharmacists support the Royal Pharmaceutical Society's proposal that all dispensary staff should have a professional qualification by 2005, reports *C&D's* business trends survey for the quarter April-June.

Sixty-one per cent of the panel back the proposal and are prepared to meet the cost of training. A significant minority – more than one third – reject it.

But when a pharmacy's size and location is taken into account, the result is less clear cut. Support/rejection is split 50:50 among pharmacists with the smallest stores, whose annual turnover is less than £350,000.

In contrast, 73 per cent of pharmacists in large outlets (turnover exceeding £1 million) back the proposal.

Respondents in north-east England/Yorkshire are particularly unimpressed – 51 per cent reject the proposal. Pharmacists in south-west England feel more positive, with 71 per cent in support.

Seventy per cent say lack of the time is one of the biggest impediments to training their dispensary staff, 57 per cent fear high costs and 32 per cent cite lack of suitable staff.

High cost is the biggest factor among the smallest pharmacies, although cost and time weigh heavily on even the biggest stores.

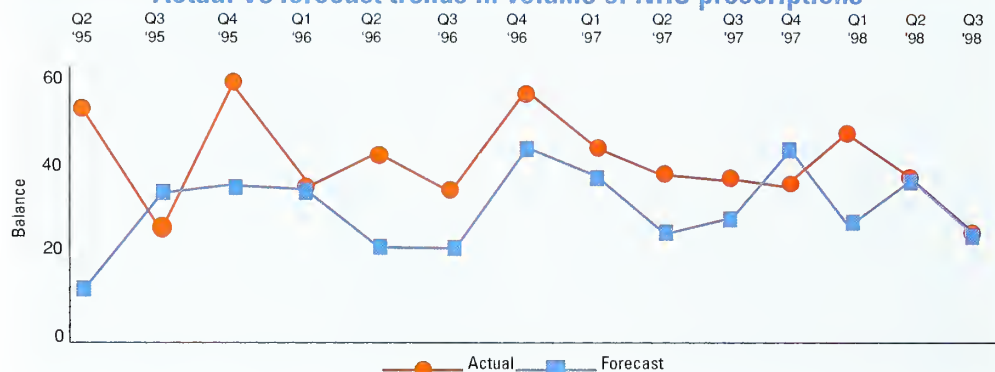
Not surprisingly, pharmacy staff in large outlets are more likely to have completed a recognised dispensing technician's course. Seventy-three per cent of

pharmacists in the biggest outlets say some of the staff have a dispensing qualification, compared with only 31 per cent of pharmacists in small outlets.

Regional variations are striking. Sixty-seven per cent of respondents in Scotland say none of their staff have a dispensing qualification, compared with 37 per cent in north-west England.

Even if dispensing staff have been trained, many pharmacists still doubt whether they should be allowed to dispense and check prescriptions. While 56 per cent of the panel support the idea, provided a pharmacist is there to supervise, 44 per cent reject it. That ratio remains more or less constant throughout the country, except in the south-east/East Anglia, where 63 per cent of pharmacists back their dispensing staff.

Actual Vs forecast trends in volume of NHS prescriptions



Sixty-one per cent of pharmacists are not familiar with the contents of the NVQ 3 in pharmacy services, which relates to dispensing. Just under one-third are 'quite familiar' and 8 per cent only are 'very familiar'.

Large pharmacies are more likely to know what the course entails than small outlets.

Own brand and RPM

Sixty-six per cent of pharmacists would stock more own-brand medicines if resale price maintenance was abolished. Just under one third of pharmacists in the smallest outlets were not sure whether they would, compared with 9 per cent of those in medium sized outlets.

Sixty-five per cent of the panel plan to stock the new pack sizes for analgesics as soon as manufacturers supply them, while 23 per cent want to stock the packs as close to the September 16 deadline as possible.

Pharmacists do not believe their product range is their best weapon against multiple retailers. More than half of the panel say quality customer service is the most important factor, 22 per cent say it is health care advice and 14 per cent say convenience/store location.

More than a quarter of the panel say pharmacy sales – excluding NHS prescriptions – fell during the quarter, compared with the same period last year. Thirty-seven per cent saw higher sales and 35

per cent saw no change.

The smallest pharmacies fared worst: 38 per cent say sales have fallen and 31 per cent expect another fall during the next quarter (July-September).

Twenty per cent of the panel expect sales to drop during the next quarter, while 32 per cent believe they will rise.

NHS prescriptions remain a source of comfort. Forty-eight per cent of pharmacists report an increase in prescriptions and 35 per cent forecast a rise during the next quarter.

Although prescription levels remain buoyant throughout the country, they are not holding up so well in Wales, where 30 per cent of the survey's pharmacists report a drop.

In the front shop, OTC medicines remain star performers. Forty-two per cent of the panel report higher OTC sales and 35 per cent expect another increase during the next quarter.

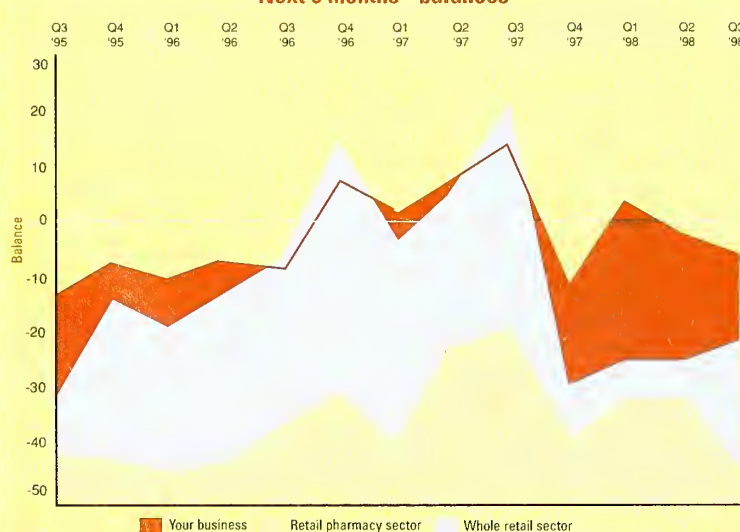
Pharmacists in south-west England are performing particularly well – 67 per cent report higher OTC sales.

Despite the poor early summer weather, photoprocessing sales were encouraging. Thirty-nine per cent of the panel saw higher sales and an equal proportion expect an increase during the next quarter, which covers the peak holiday season.

Customers are also flocking to many pharmacists for their analgesics. Just under a third of the panel sold more analgesics while 58 per cent say their sales had remained steady. Surprisingly, 36 per cent of the biggest pharmacies saw a drop in sales.

Sales of stomach upset/indigestion remedies were relatively respectable. Twenty-two per

Next 6 months - balances



**Chemist & Druggist
Quarterly Business
Trends Survey in
association with**

UniChem

Delivering Healthcare

cent of the panel report a rise, while 63 per cent saw no change. Some regions fared a lot better than others. Nearly a quarter of pharmacists in north-east England (including Yorkshire), saw lower sales, whereas 43 per cent of those in south-west England enjoyed higher sales.

Other product categories produced similarly mixed results. Although 29 per cent of the panel report higher vitamin sales, 26 per cent suffered a drop. Pharmacists in north-east England (including Yorkshire) have been hit hard again – 43 per cent saw lower sales and 29 per cent expect another drop during the next quarter.

The largest outlets, albeit a smaller sample, were the worst performers in the vitamin category. Twenty-seven per cent of them saw lower sales, while only 4 per cent report an increase.

Traditionally poor product categories remain in the doldrums. While 29 per cent of pharmacists enjoyed higher cosmetic sales, 34 per cent experienced a drop. In the relatively small Wales sample, 50 per cent report a drop.

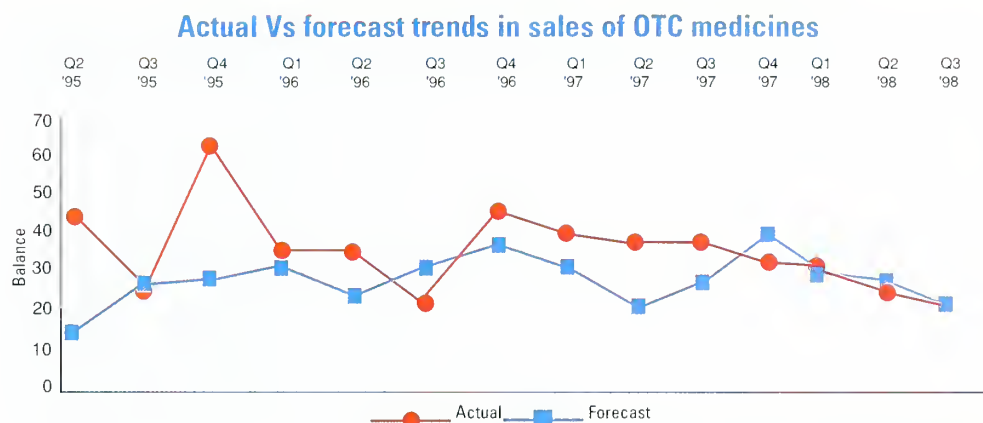
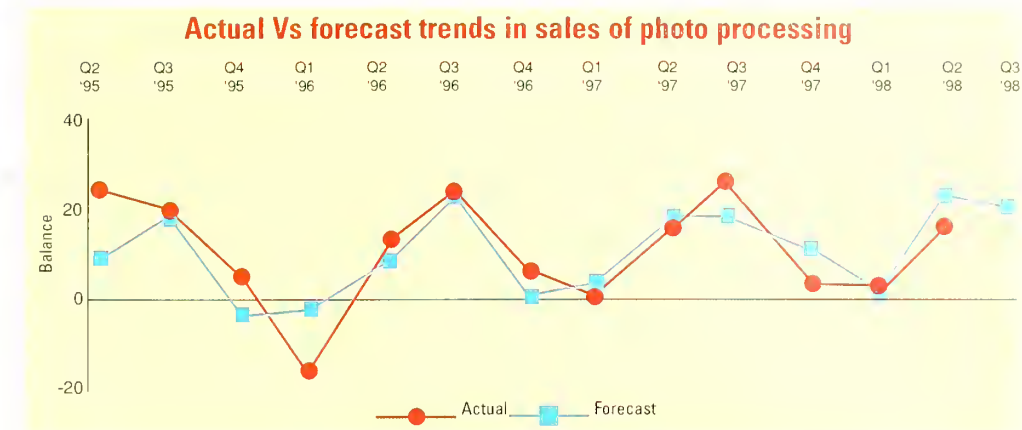
Baby care sales fell among 34 per cent of pharmacists, rising to 49 per cent in north-east England and 50 per cent in Wales.

Forty-seven per cent of the panel saw lower sales of fragrances, rising to 63 per cent in the Midlands. And 27 per cent of pharmacists saw a drop in toiletry sales, although an encouraging 20 per cent enjoyed an increase.

Thirty-six per cent of pharmacists increased the value of their stocks over the period of the survey and just over a quarter expect the value to rise again in the next quarter.

Pharmacists' margins remain depressing news. Forty per cent say their margins fell during the quarter and a similar number expect lower margins in the next. Even the largest pharmacies are not immune – 55 per cent report a drop, which was the highest ratio in the survey.

Given the mixed results, pharmacists are understandably



divided about their prospects. One quarter feel optimistic about their business's performance over the next quarter, rising to 29 per cent over the next 12 months.

Twenty-one per cent feel pessimistic over the short term and 35 per cent over the long term.

Thirty-nine per cent of pharmacists feel pessimistic about the retail pharmacy sector over the next quarter. Half of the panel feel equally gloomy about the next 12 months.

Pharmacists share pundits' views that the UK is on the brink of a recession. Thirty-five per cent are pessimistic about the retail sector's short-term prospects, and 37 per cent feel the same way over the long term.

- **Questionnaires were sent out to 500 members of the C&D retail business panel, of whom 171 replied**
- **Sixty four per cent of respondents were independents and the rest multiples. Nineteen per cent were pharmacists whose turnover was less than £350,000; 26 per cent had £350,001-£500,000; 44 per cent had £500,001-£999,999; 6 per cent had more than £1 million; 1 per cent exceeded £2 million and 5 per cent did not state their turnover**

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Company director struck off

A "highly respected" company managing director who committed a sexual assault on an 11-year-old girl while giving her a lift home was ordered to be struck off the Register recently.

Dilip Kumar Patel, of Woodfield Rise, Bushey Heath, Watford, who runs a herbal medicine and vitamin company, made indecent remarks to the girl and felt her private parts, the Royal Pharmaceutical Society's Statutory Committee was told.

Mr Patel was arrested and appeared at Harrow Crown Court in December 1997, where he was convicted of indecent assault. He was sentenced to 12 months' imprisonment and ordered to pay compensation of \$1,000 with \$1,500 costs.

Mr David Aaronberg, for Mr Patel, who did not himself give evidence, said: "It was a single incident which lasted a matter of minutes and he has been punished both by his prison sen-

tence and financially."

He asked the Committee to accept that this was "an isolated incident and wholly out of character".

Announcing the Committee's decision, chairman Gary Flather QC said Mr Patel had built up a substantial business from small beginnings, and it was therefore all the more surprising to see the facts in this case. However, the Committee had a duty to uphold the reputation of the profession.

Pharmacist restored to Register after conquering addiction

A Swansea pharmacist who escaped from "the pit of a drug-induced hell" has won back his right to practise after an emotional disciplinary hearing.

David Haines of Gorseinon, West Glamorgan told the statutory committee that he had conquered his addiction, the reason he was struck off in August 1996.

The Committee then had heard that Mr Haines was frequently unable to run his pharmacy because of drug taking and had left his assistant Donna Lee – now his wife – to dispense methadone for addicts.

Mr Haines' application for restoration was backed by Christopher Racey, chief executive officer of Howard & Palmer of Llansmalet, Swansea, who said he had tried to avoid contact with Mr Haines, who had tried many times to get in touch with him with a view to a job.

However, on meeting Mr Haines, he realised that he was "a man who had battled against the odds and was on the edge of a full recovery". After doing checks on Mr Haines he had given him employment at the Fforestfach Health Centre Pharmacy, where he had been working full-time since April this year under supervision.

He undertook to provide permanent employment to Mr Haines when a suitable vacancy arose.

Committee chairman Gary Flather QC warned Mr Haines that he would almost certainly be struck off for life if he was found guilty of any further misconduct.

Pharmacist admitted he was an addict

A young pharmacist found in possession of Controlled Drugs, who admitted to being an addict at the time, has been struck off the Pharmaceutical Register.

Manraj Singh Punni, 24, was caught when police raided the house where he was living in January 1997 in Croydon – on a completely different matter not involving him.

The Statutory Committee a fortnight ago heard that Mr Punni, now of Seymour Court Road, Marlow, Bucks, appeared before Croydon Magistrates Court on June 10 1997, where he pleaded guilty to possession of morphine, amphetamine, phenobarbitone, phentermine and temazepam. He was fined a total of \$600 with \$40 costs.

Worse was to follow for Mr Punni, however, after questions were asked about his expenses claims for journeys to Safeway stores throughout the South-east between January and March

1997, while he was working as a locum.

Safeway discovered that he had made excessive travel claims for driving to Tunbridge Wells, Walderslade, Biggin Hill, Maidstone, Worthing and Canterbury. Mr Punni was given an adult caution by police after paying back the total of \$518.74 in overpayments from Safeway.

Mr Punni told the Committee that he had started taking drugs while he was 'a loner' at Aston University in Birmingham. His real problems began when he moved to London where he worked as a supermarket locum.

Things got so bad that he started getting drugs from the street. He had experimented with ecstasy, cocaine and amphetamines but his "drug of choice" had been dihydrocodeine.

Mr Punni said that life had totally changed for him since he started going to a treatment cen-

tre for his drug problem near his new Buckinghamshire home in July last year, and there had been no relapses.

He now had a circle of friends and wanted to pay back all the wrongs he had done. "I hope very much to remain a pharmacist," he added.

Announcing the striking off, Committee chairman Gary Flather, QC, said Mr Punni had honestly and openly admitted to taking drugs. The Committee had been impressed by his frankness and openness, and the progress he had made.

However, it could not ignore the "appalling picture" of addiction just five months after he qualified, and his deception of Safeway on some 40 occasions.

The Committee, however, wanted to give hope to Mr Punni, and commented that if he continued his improvement he would stand a good prospect when he applied to be restored.

Drunk driver reprimanded

A Birmingham pharmacist caught twice by police committing serious driving offences was given a severe reprimand – and a warning as to his future conduct – after a disciplinary hearing two weeks ago.

The Statutory Committee told Kuldeep Sohna, of Edgbaston, if he ever appeared before it again and was found guilty of misconduct, he would be "in serious trouble".

On April 2 last year Mr Sohna pleaded guilty to driving with more than twice the permitted alcohol level, and failing to give his name and address to police after an accident. He was also found guilty of using the car without insurance or a licence on the same occasion. He was fined a total of \$730 and disqualified

from driving for 18 months. Three months later Mr Sohna once again appeared before Birmingham Magistrates where he pleaded guilty to driving while disqualified in the Bullring, Digbeth, on June 26.

He was disqualified for two years and ordered to perform community service for 200 hours. He was also fined \$500 with costs of \$55.

Announcing the reprimand, Mr Flather said that Mr Sohna's behaviour had been "perfectly disgraceful". The committee was unanimous that he was unfit to be on the register but had decided that a rap across the knuckles from his peers should be enough to make him recognise his behaviour was not good enough.

Religious convictions prompt reduction in ban

A preregistration pharmacist banned from his profession for five years for assaulting a man he thought was having an affair with his wife has won a one year reduction in the ban because of his religious convictions.

Said Ahmed Auhanmud, of Stockwell, had appeared before the Committee in April 1996, when the Society said it would not hear his application for registration for five years.

Pharmacist who supplied wrong drug restored

An Edgware pharmacist who was struck off in May 1997 for supplying an epileptic with the wrong medicine has been restored to the Register.

Superintendent pharmacist Mrs Sheetal Parmar was employed by David Brentmead Ltd in Willesden until her sacking for substituting

A fortnight ago the Committee heard that he had submitted false claims in an application for a 're-sit' registration exam in 1995. However, it received evidence that he was now one of four Imam's at the Caribbean Islamic Association's mosque in Tooting.

Chairman Gary Flather said the Committee took into account his age of 42, but more importantly he had become an Imam – a high profile position of trust.

on prescriptions written by GPs. She also allowed the pharmacy to be unsupervised between 3pm and 6pm on Saturdays.

Last week the Committee allowed Mrs Parmar's application, after she told them she had learnt a lot and would be more assertive.

Economic think tank backs PPRS

The Institute for Fiscal Studies (IFS), an independent, economic think tank, has urged the Government not to alter drastically the Pharmaceutical Price Regulation Scheme.

IFS' article – 'Regulating Drugs Prices: Where Do We Go From Here?' – says the Government should not listen to those who say PPRS should be tougher on drug prices. PPRS critics claim the scheme is "too soft" because it has allowed the pharmaceutical budget to grow by 10 per cent a year, over the past 20 years.

The article says price cuts would be against patients' interests. Pharmaceutical companies would spend less on research and investment because the returns on new drugs would not be adequate. "If the NHS was to drastically cut the prices it pays for drugs, there is little doubt that the flow of new drugs would be damaged and the success of the UK's pharmaceutical industry put at risk," says Nick Bloom, a research economist at IFS and one of the report's co-authors.

While the article admits PPRS fosters high prices, it claims they

are not excessive by international standards. UK drugs, it says, are much cheaper than those sold in the US, although they are more expensive than in many south European countries.

Mr Bloom said the article was a good indication of current thinking on PPRS – his background research included discussions with civil servants and people in the drugs industry. "It [the article] doesn't intend to radically change PPRS, which is quite a good scheme. And what it suggests is along the lines of what could happen," he says.

Copies of the article have been sent to the Association of the British Pharmaceutical Industry and the PPRS section of the Department of Health. Both parties are still negotiating the scheme, which is due to be renewed in October.

The article admits that PPRS does have faults: it lacks a framework to encourage drug firms to cut costs, and its workings are shrouded in secrecy.

IFS calls for three PPRS reforms which are set out below.

● Limit annual increases on

costs to the percentage rise of the Retail Price Index, minus an 'X' factor, set by the Government for each drug firm (the cost formula would be $RPI - X$).

The Government would have to ensure the index represented a reasonable cost for every possible production level. It would have to devise a unit cost per drug for every drug brand.

If a firm managed to reduce production costs faster than its $RPI - X$ index, it would keep the surplus. Alternatively, it would face financial penalties for exceeding the index.

Spanish authorities already run a similar index, as did regulators in Italy until they scrapped the system in 1993.

● If the $RPI - X$ index was too difficult to run, the Government could encourage firms to cut production costs by widening how far they could deviate from PPRS' profit range, which is currently fixed at 17-21 per cent. The current margin of tolerance is 25 per cent.

To ensure this did not increase the aggregate PPRS rate of return, the target band could be

raised or lowered. "This could be achieved to maintain a constant average rate of return for the whole industry, while allowing larger variation between firm performances than under the current PPRS."

● Introduce a financial "allowance" for firms, whose marketing activities are informing doctors about new drugs and the results of clinical trials.

Marketing activities designed to persuade doctors to choose one brand, instead of another in the same therapeutic category, should be discouraged because they are "a waste of resources and doctors' time".

● The DoH should be more open about how it runs PPRS, providing it does not jeopardise commercially sensitive information. It could, for example, publish how often firms' profits exceed the PPRS targets, and what action is taken as a result.

'Regulating Drugs Prices: Where Do We Go From Here?' appears in the August issue of *Fiscal Studies*, price £8. The Institute for Fiscal Studies, telephone: 0171 291 4800.

Lloyds in hearing care trial

Lloyds Pharmacy is running a nationwide trial with Scrivens, a company specialising in hearing care, to help customers with hearing problems.

About 50 Lloyds stores are stocking leaflets describing the services Scrivens offers. These are handed out to customers with hearing queries.

The trial reflects Scrivens' plans to develop "strategic alliances" with pharmacies around the country – it is also running a trial with an independent pharmacy.

Birmingham-based Scrivens offers hearing care services through opticians and has about 350 outlets around the UK, most of them Dollond & Aitchison branches. Scrivens also runs 69 hearing care stores in selected high street locations.

About 750,000 hearing aids are dispensed every year, 80 per cent are supplied through the NHS.

Rob Warner, Scrivens' marketing manager, says hearing care has a lot of potential. Nearly nine million people in the UK have some hearing difficulties, but only about two million do something about it. "People don't like to admit they've got a hearing problem," he says. "Pharmacy's an ideal fit for consumers over 45

years old – your hearing tends to deteriorate over that age."

Customers will also be reassured by the pharmacist's traditional role as a health care adviser. "While consumers still demonstrate a reluctance to visit high street outlets, most will seek the advice of their local pharmacist," he says.

Pharmacists could, like Lloyds, offer a referral leaflet supported by point of sale material. Alternatively, they could set aside a room to use as a hearing care centre. Scrivens would support the centre by supplying an audiologist – under law, hearing care tests can be carried out only by qualified specialists.

Mr Ward says the margins on hearing care services are "decent". Pharmacists would get a commission for referring customers to Scrivens. Those running their own hearing care centres, he added, would enjoy higher returns.

"Local pharmacists continue to battle supermarkets in a fight for market share and the addition of a hearing care service will add another string to their bow, especially in rural areas," he says.

Pharmacists interested in offering the service should call Rob Warner at: 0121 622 2674.



Sir Norman Fowler, Numark's chairman, has attended his first regional committee meeting of Numark shareholders, hosted by L Rowland in Lymm, near Manchester. (l-r) Paul Smith, L Rowland's commercial director; Mike Moore, Numark regional director; Ian Facer (Preston); Terry Norris, Numark's md; David Cole, L Rowland's managing director; Paul Murphy (Hoylake); Sir Norman; Andrew Weinronk (Eastham); Chris Castle (Knutsford); Gordon Couper (Moreton); Graham Logan (Lymm); John Melling (St Annes); Barry Loder, L Rowland's systems co-ordinator; Dave Sharples, L Rowland's purchasing manager

Boots sells Do It All for \$68 million

The Boots Company has sold Do It All, its DIY chain, to Focus Retail Group for \$68 million.

Do It All (Holdings) was formed in 1990 when Payless, a Boots subsidiary, merged with Do It All, then a subsidiary of WH Smith.

Under the deal, Boots will write off \$312 million of goodwill. While Do It All has been struggling over the past few years, it appears to be back on the right track. The company

made an operating profit of \$2.5 million on a turnover of \$337 million for the year to March.

Lord Blyth, Boots' chairman, said the sale would enable the group to concentrate on its core businesses.

Investors welcomed the news – Boots shares rose 35p to 1,005p after the deal was announced. As C&D went to press, the price was down to 988p, largely reflecting the stock market's jittery reaction to the US bombing in Sudan.

Rowland launches software package for pharmacists

L Rowland, the Wrexham-based pharmaceutical wholesaler, has introduced an ordering and information software package for pharmacists.

The package, called Rowlink, can work with pharmacists' PMR systems and is available to first line accounts only.

Rowland said the new software will enable its customers to access information relating to their account and purchasing habits, while they transmit their daily orders. Rowlink's information appears on the pharmacist's screen – it can also be printed or saved on disk.

In addition, Rowlink offers a product catalogue with details of 14,000 items. Other facilities include:

- clearly differentiated details

of generic, OTC and parallel import lines

- multiple order pages, including four daily, one weekly and one monthly

- order entry by product prescription or code

- cancellation of back orders

- historic account statements listed on-screen.

Rowlink is being offered on a three-month trial basis to all first line accounts, after which users have to pay £30 a month. Rowland said the software would ideally suit a Pentium processor with a minimum of 32MB RAM, 40MB free disc space and a 33.6 bps modem.

Nineteen pharmacists currently have the Rowlink system and five are waiting to go on it.

David Cole, Rowland's manag-

ing director, said the new system will lead to much faster and more accurate transmissions of information.

"Once the communications channel is established, the level and presentation of the information can be expanded, subject to customer demands. The full product catalogue will be downloaded automatically every month, but can be requested more frequently if desired," he said.

Pharmacists not dealing with Chemtec will require their PMR supplier to write a link between the two systems, but Rowland hopes to persuade Hadley Hutt and Park & Richardson to incorporate the link, which would then cover the majority of Rowland customers' systems.

ADVANCED INFORMATION

Avon Local Pharmaceutical Committee is holding a series of meetings on community pharmacy and primary care groups (PCGs). All meetings will be held from **7.30pm to 9.15pm:**

September 2 Bath – Conference Centre, Bath University; **Sept 3** Weston – at the Grand Atlantic Hotel, Weston-Super-Mare; **Sept 7** NW Bristol – BAWA Centre; **Sept 9** N Somerset – Scotch Horn Centre, Nailsea; **Sept 14** Kingswood/Yate – Jarvis Grange Hotel, Winterbourne; **Sept 15** E Bristol – Frenchay Postgraduate Medical Centre; **Sept 17** S Bristol – Southville Centre, Beaufort Road; **Sept 22** SE Bristol – Parkside Hotel; **Sept 23** Wansdyke – Chelford House Hotel, Chelford (on A37); **Sept 30** Severnside – Bowl Inn, Lower Almondsbury.

October 1 Inner City – in the Board Room, Avon Health Authority; **Oct 5** W Bristol – venue to be confirmed.

Further information available from Alister Rutherford, secretary, Avon LPC, 25a Weston Road, Long Ashton, Bristol BS41 9LA. Tel: 01275 394543.

Yardley Group's debts send it into receivership

Yardley Group's parent company, Old Bond Street Holding, has gone into receivership because of a "heavy debt burden". KPMG, the accountancy firm, has been appointed its receivers.

KPMG said Old Bond Street Holding had been grappling with heavy debts since the early 1990s, when it had a change of ownership. "Financial constraints have severely limited its ability to rectify its problems," it said.

Yardley Group's main asset is the Yardley brand and other lines worldwide (excluding the US, Canada, Mexico, Puerto Rico and Colombia).

Yardley has about 300 employees, a plant in Basildon, a head office in central London and operations in Australia, New

Zealand, Malaysia and Singapore. It also has major customers and distribution arrangements in several other countries.

Tony Thompson, one of KPMG's receivers, said his first objective was to take control of Yardley's businesses and its assets. "We have already identified a number of potential purchasers, both in the UK and overseas, whose businesses have a strategic fit with Yardley. We shall be contacting them immediately, as well as advertising the businesses and assets for sale," he said.

He said Yardley's brands were extremely attractive, although it had been unable to develop them fully because of cash constraints.

Last year Yardley relaunched its brands with a trendier image.

Phytopharm in suppressant deal with Pfizer

Phytopharm, the biotech company developing drugs from plant compounds, has licensed an appetite suppressant to Pfizer.

The US company has acquired exclusive rights to market and develop the compound – P57 – which stems from a South African plant.

Pfizer will also give Phytopharm about \$4 million to help

develop P57. The Godmanchester-based company will also receive up to \$19.3 million in licensing fees and milestone payments.

Phytopharm will be targeting the product at the US market, where annual sales of anti-obesity drugs top \$3 billion (\$1.8 billion).

The news sent Phytopharm's shares up 13.5p to 129.5p.

Woman's contraceptive to be launched in UK

A European manufacturer plans to launch a contraceptive cap for women in the UK by the end of next week.

Veos, based in Jersey, has already launched the cap – called Oves – in France. Paul Lewakowski, president of Veos USA, said the European contraceptive market was ripe for a newcomer because it had seen only five new brands over the past ten years. "We eventually hope to get 1 per cent of the UK market," he said.

The Oves cap is made from silicone and is said to have achieved a 98 per cent effectiveness in initial clinical trials, compared with 92 per cent for traditional cervical caps.

Oves retails at £3 for one and will be sold through Oxford-based FP Sales. Mr Lewakowski said the brand would be available through family planning clinics and pharmacies.

Veos will also be launching Oves in other European markets – Germany in September, followed by Holland and Belgium.

The global contraceptive market is worth about \$6 billion – products for women account for about 2 per cent of the market.

While Veos is not a household name, it has some high profile medical advisers. These include André Ulmann, who invented the morning-after pill and Dr Alain Proust, who was involved in the work surrounding France's first test-tube baby.

The company, formed four years ago, is preparing for a flotation on Easdaq, a stock market designed for pan-European companies. Mr Lewakowski said Veos planned to raise about £15-18 million through the listing. And the company could be valued at \$60 million. Its shares are expected to be available for trading in October.

Its financial advisers include UK-based Beeson Gregory, Banque Nationale de Paris in France, Hypo Vereinsbank in Germany and KBC Securities in Belgium.



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ABOUT people



Batting for hospital appeal

Mahendra Sharma, owner of the Chappells pharmacy group in East Sussex, is auctioning a cricket bat signed by this summer's English and South African test teams.

He is inviting sealed bids for the bat to raise money for the \$4m Crowborough Hospital Appeal.

The auction is the latest fund-raising initiative by the four-shop chain which has premises in Crowborough, Rotherfield, Mayfield and Jarvis Brook.

More than 25 staff and their families (above) completed a 4.5 mile circular walk on August 16 and raised more than \$2,000.



Philips DAP made its first foray into the world of horseracing with Philishave Cool Skin sponsoring the seventh race at the annual Variety Club Race Meeting at Sandown Park on August 22. The Philishave Army Parachute Association team also dropped in before the first race



How high on a wall should a CD cabinet be? Pharmacy student Julie Morgan might have a different view from Professor Henry Chrystyn (centre), professor of pharmacy practice at Bradford University. NPA board member Ian Conquest (right) presented the cabinet from the NPA

High flying Tiger in the skies



David Lea, the senior buyer at Dudley Taylor pharmacies, made the most of his trip to the Tiger Moth rally by taking a spin in a DHC1 Chipmunk. Mr Lea, pictured here on the right, is a qualified pilot and was at the Woburn Abbey event as a guest of LRC Products, the UK distributor for the topical analgesic brand Tiger Balm which was sponsoring the rally. Also pictured are Rhys Neale, marketing manager for LRC Products (left) and Michael Buffrey, Tiger Balm marketing manager for Europe and Africa

APPOINTMENTS

AAH Pharmaceuticals has appointed pharmacist **Dr Mandeep Mudhar** to the new post of professional services manager.

His role is to look at ways AAH can help pharmacists develop professional services. Dr Mudhar was previously a pharmacy practice lecturer at Aston University.

"We want to make pharmacy the first point of contact, from which people can receive advice and early screening before making an appointment with a GP," he says.

The ultimate objective is to develop a professional and

commercially viable service. Dr Mudhar has spent the past few months researching potential services and meeting pharmacists to discuss their needs.

Herbal remedies company G R Lane Health Products has promoted **Adrian Bishop** to sales director. Mr Bishop was formerly sales manager and has been with the company for three years after joining from Cow & Gate.

Market research company AC Nielsen has appointed **Robert Buckeldee** as new business unit director for its health and beauty arm.



Whitehall territory manager Rachel Moverley (left) hands over bottles of champagne to pharmacy assistant Jane Smith and her supervising pharmacist Mark Murray of Kenneth Rutter Ltd in Leeds. Jane was the August winner of the Cambridge Counterpart monthly draw

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- 1992 - Acquired *Castle Pharmaceuticals* a Portsmouth based wholesaler
- 1997 - Appointed as a business partner in the Norton Healthcare Advantage Scheme
- 1998 - The Intercare Group plc. added Freeman Pharmaceuticals to the division

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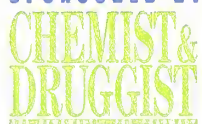
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